

Rowan Business Associate Notification Form

Name of your company or organization:	Website:
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Address:

City:	State:	Zip:
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Contact person at your company or organization:

Contact telephone:	About how many employees does your company or organization have?
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Contact email address:	What products or services do you offer?
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Information about the breach

Type of breach:

- Lost or stolen laptop, computer, flash drive, disk, etc.
- Stolen password or credentials
- Unauthorized access by an employee or contractor
- Hacker
- Other

Date(s) the breach happened (if you know): From: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	See attached listing of affected individuals if appropriate at this time
Date the breach was discovered: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
How many individuals were affected by the breach?	

Comments/Other Information:

Type of information involved (check all that apply):

<p><i>Personal Information</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Date of birth <input type="checkbox"/> Social Security Number <input type="checkbox"/> Driver's license or ID card number <input type="checkbox"/> Financial information (credit card number, bank account number, etc.) <input type="checkbox"/> Health insurance information (insurance carrier, insurance card number, etc.) <input type="checkbox"/> Other Personal or Health Information 	<p><i>Health Information</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic information (age, sex, height, etc.) <input type="checkbox"/> Disease or medical conditions <input type="checkbox"/> Medications <input type="checkbox"/> Treatments or procedures <input type="checkbox"/> Immunizations <input type="checkbox"/> Allergies <input type="checkbox"/> Information about children <input type="checkbox"/> Test results <input type="checkbox"/> Hereditary conditions <input type="checkbox"/> Mental health information <input type="checkbox"/> Information about diet, exercise, weight, etc. <input type="checkbox"/> Correspondence between patient and providers <input type="checkbox"/> Living wills, advance directives, or medical power of attorney <input type="checkbox"/> Organ donor authorization
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What steps are you taking to investigate the breach?

What steps are you taking to mitigate losses?

What steps are you taking to protect against further breaches?

List any law enforcement agencies you've contacted about the breach?

Breach notification

Has anyone at your business or organization received information that someone has been harmed by this breach?
For example, has a customer called you to complain about identify theft? Or are you aware of any public disclosure of information that resulted from the breach? YES _____ NO _____

If YES, describe the harm you've found out about. Don't include any personality identifiable information.