

NOTICE OF DATA PRIVACY BREACH

Date: [Insert Date]

Dear [Patient's Name],

We are writing to inform you of a recent incident that may have impacted the privacy of your health information. On [insert date of breach], we discovered that [brief description of the breach]. We take this matter very seriously and are committed to protecting your personal health information.

As a result of this incident, the following information may have been accessed without authorization: [specify types of information affected, e.g., name, address, date of birth, medical records].

We have taken immediate steps to investigate the breach and to mitigate any potential adverse effects. [Briefly outline the actions taken, e.g., securing systems, notifying law enforcement].

We recommend that you take the following precautions:

- Monitor your accounts for suspicious activity.
- Review your credit report for unauthorized inquiries.
- Consider placing a fraud alert on your account.

If you have any questions or need further assistance, please do not hesitate to contact us at [insert contact details]. We sincerely apologize for any inconvenience this may cause and appreciate your understanding as we work to resolve this issue.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Organization's Name]

[Contact Information]