



INDIANA DATA BREACH NOTIFICATION FORM

State Form 57435 (5-24)
Authority: 42 U.S.C. § 1320d-5(d) & 45 CFR Subpart D; Indiana Code § 24-4.9

OFFICE OF ATTORNEY GENERAL
Data Privacy and Identity Theft Unit
Indiana Government Center South, 5 Floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 232-7979 – Fax

- INSTRUCTIONS:** 1. Please complete this form in its entirety.
2. Email your completed form to [DataBreach\[atg.in.gov\]](mailto:DataBreach[atg.in.gov]). A Hard copy is not necessary.
3. Be sure to include/submit a copy or sample of the notification to those affected.

Section 1 – Information on Organization that Owns or Licenses the Data Subject to the Breach

Reporting Identity Filing Number	Organization Name		
Street Address	City	State	Zip Code

Type of Organization (please select one)

- | | | |
|---|---|---|
| <input type="checkbox"/> State of Indiana Government Agency | <input type="checkbox"/> Healthcare—Medical Providers | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Other Government Agency | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Retail or Merchant |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Other – please specify |
| <input type="checkbox"/> Employer | | |

Submitted By

Title	Contact Name	Firm Name and Address (if different from above)	
Submitted Date	Telephone	Email	Relationship to Org
Are You Authorized to Accept Service for Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Please Provide the Authorized Agent or Representative's Name: Address: Email: Telephone:		

Section 2 – Information About the Breach

Report Type <input type="checkbox"/> Initial Breach Report <input type="checkbox"/> Addendum to Previous Report <input type="checkbox"/> N/A	Date(s) Breach Occurred (if known) From To	Date Incident Suspected/Discovered	Date Consumers Notified
Manner of Notification to Affected Persons <input type="checkbox"/> Written <input type="checkbox"/> Electronic (email) <input type="checkbox"/> Telephone <input type="checkbox"/> Website Other _____	Was a Law Enforcement Agency Notified Regarding the Breach? <input type="checkbox"/> Yes, <i>Agency Name and Contact Information</i> _____ <input type="checkbox"/> No <input type="checkbox"/> N/A		

Section 2 – Information About the Breach (Continued)

Was Notification Delayed Because of Law Enforcement Investigation? <input type="checkbox"/> Yes, <i>Agency Name and Contact Information</i> <hr/> <input type="checkbox"/> No <input type="checkbox"/> N/A		Breach Affecting <input type="checkbox"/> N/A <input type="checkbox"/> Fewer than 500 individuals <input type="checkbox"/> 500-999 individuals <input type="checkbox"/> 1,000 or more individuals	
Number of Persons Affected Total (including Indiana): _____ Number of Indiana Residents Only: _____		Were Credit Reporting Agencies Notified? <input type="checkbox"/> Yes (<i>specify</i>): _____ <input type="checkbox"/> No	
Location of Breached Information <input type="checkbox"/> None <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop Computer <input type="checkbox"/> Email <input type="checkbox"/> Network Server <input type="checkbox"/> Other Electronic Device (<i>specify</i>): _____ <hr/>		Type of Breach <input type="checkbox"/> Inadvertent Disclosure <input type="checkbox"/> Stationary Device <input type="checkbox"/> Insider Wrong-doing <input type="checkbox"/> External System (e.g. hacking or malware) <input type="checkbox"/> Physical Loss <input type="checkbox"/> Email Phishing <input type="checkbox"/> Portable Device <input type="checkbox"/> Payment Card Fraud <input type="checkbox"/> Other (<i>specify</i>): _____ <hr/>	
Type of Personal Information Involved in the Breach (<i>select all that apply</i>) <input type="checkbox"/> None <input type="checkbox"/> Name <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address <input type="checkbox"/> Driver's License/State ID Number <input type="checkbox"/> Email <input type="checkbox"/> Date of Birth <input type="checkbox"/> Payment Card Information <input type="checkbox"/> Financial Account Information <input type="checkbox"/> Protected Health Information <input type="checkbox"/> Insurance <input type="checkbox"/> Passport <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Tax Information <input type="checkbox"/> Other (<i>specify</i>): _____			
Substitute Notice Given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was Media Notice Given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Identity Theft Protection Service Offered? <input type="checkbox"/> Yes Duration: Provider: Brief Description of Service: <input type="checkbox"/> No	
List Dates of Previous Breach Notifications (<i>within last 12 months</i>) Date(s): _____		Have You Submitted Breach Notifications Older than the Previous 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney General Matter # (<i>if known</i>): _____			

Section 2 – Information About the Breach (Continued)

Reason for Delay, if any, in Sending Notifications to Consumer and/or Office of Attorney General?

Brief Description of the Breach and Any Other Information that May Be Relevant to the Office of Attorney General in Reviewing this Incident

Since this Breach, List Any Steps Taken to Ensure it Does Not Reoccur