



**MHBE NOTIFICATION OF ACTUAL OR POTENTIAL  
PRIVACY – IT SECURITY INCIDENT REPORT**

Date Reported to MHBE: \_\_\_\_\_

This notification is made pursuant the Non-Exchange Entity Agreement between the MARYLAND HEALTH BENEFIT EXCHANGE, a public corporation and independent unit of State government (“MHBE”) and reporting agency

\_\_\_\_\_ (“Insert Non-Exchange Entity name”).

Non-Exchange Entity hereby notifies MHBE that there has been an actual or potential breach of unsecured personally identifiable information (“PII”) that Non-Exchange Entity has used or has had access to under the terms of the Non-Exchange Entity Agreement. Please provide as much detail as possible.

1) Description of the breach:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Were documents inappropriately loaded into wrong account?  Yes  No

If “yes,” in wrong account, Full Name of Account Owner

\_\_\_\_\_  
(First) (Middle) (Last)

Application ID \_\_\_\_\_ Document ID(s) \_\_\_\_\_

(Please Complete Other Side)

3) Was breach identified from work list or in application while assisting a customer?  
 Yes  No

4) Date of discovery of the breach: \_\_\_\_\_

Date of the breach: \_\_\_\_\_

5) Does the breach involve 500 or more individuals? Yes/No

6) Number of individuals "affected" (read: Number whose PII was exposed) by the breach: \_\_\_\_\_

7) Name(s) of individuals "affected" by the breach (read: whose PII was expose): (attach list if over 5)

.1 \_\_\_\_\_ Application ID \_\_\_\_\_

.2 \_\_\_\_\_ Application ID \_\_\_\_\_

.3 \_\_\_\_\_ Application ID \_\_\_\_\_

.4 \_\_\_\_\_ Application ID \_\_\_\_\_

.5 \_\_\_\_\_ Application ID \_\_\_\_\_

8) For each "affected" individual, explicitly list the types of unsecured PII that were involved in the breach (such as "full name", "Social Security number", "date of birth", "Medicaid number", "home address", "account number", "passport number," or other number. *(Please refrain from simply identifying the type of document):*

Name(s) of "Affected" Party	Document ID #	Types of PII
.1 _____	_____	_____
.2 _____	_____	_____
.3 _____	_____	_____
.4 _____	_____	_____
.5 _____	_____	_____

(Please Complete Other Side)

9) Was breach caused by reporting entity?  Yes  No

If “yes,” Description of what Non-Exchange Entity is doing to investigate the breach, to mitigate losses, and to protect against any further breaches:

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10) Contact information to ask questions or learn additional information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please securely email completed form to [mhbeincident.report@maryland.gov](mailto:mhbeincident.report@maryland.gov) or call Cat Pañgilinan, MHBE Chief Compliance Officer, at 410-547-1838, if you have any questions. Thank You!

(FORM) MHBE Notification of Privacy-IT Security Incident Report 2021-01-13