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:

_____

_____

_____

_____

_____

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. Please call Saiqa Atta, MHBE Director of Compliance and Privacy, at 410-547-8159, if you have any questions. Thank You!

(FORM) MHBE Notification of Privacy-IT Security Incident Report 2026-07-01