



Cybersecurity Incident Notification Letter

Practice Name: _____

Practice Address: _____

City, State, Zip: _____

Date: _____

We are writing to inform you of a recent cybersecurity incident at [Practice name] that may have affected your personal and health information. On [Date of attack], our practice experienced a cyber-attack, which we discovered on [date of discovery]. We are currently conducting a thorough investigation to determine the full scope of this incident and to whether any patient information was actually accessed or compromised.

Our practice computer systems were targeted in a cyber-attack. We immediately took steps to secure our systems and engaged cybersecurity professionals to investigate the incident. At this time, we have not confirmed that any specific patient information was accessed or misused, but we are notifying you out of abundance of caution.

What information may be involved: The information may include names, addresses, social security numbers, dates of birth, treatment records, insurance information, etc.

What we are doing: We are working with cybersecurity professionals to investigate this incident, secure our systems, and implement additional safeguards to prevent future incidents. We are also working with law enforcement and will report the incident to HHS as required.

What you can do: While we have no evidence at this time that your information has been misused, we recommend that you remain vigilant by monitoring your financial accounts and explanation of benefits statements for any unusual activity. If you notice anything suspicious, please report it to the appropriate institution immediately.

We take the security of your information very seriously, and if you have any questions or need additional information, please reach out to:

Toll Free: _____

Email Address: _____

Hours of Operation: _____

Sincerely,

Address: _____

City, State, Zip: _____

*This document is provided by Dentists Choice™ as a sample template and is intended for informational purposes only. Since informed consent is **Patient and Treatment specific**, it is essential that you customize this form to your specific needs while ensuring strict compliance with your state Laws. This sample form or any other publications or forms provided by Dentists Choice™ do not constitute clinical or legal advice. Any person should direct any specific legal or dental questions to a competent attorney or dental professional.*

The information on this website or in related publications may include topics that are not covered by your insurance policy. This information does not imply coverage. Please refer to your insurance policy for specific coverage details.