

NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act

(General Business Law §899-aa; State Technology Law §208)

Name and address of Entity that owns or licenses the computerized data that was subject to the breach:

Lee D. Pollan, DMD, PC

Street Address: 4415 Buffalo Road, Suite 14

City: North Chili State: NY Zip Code: 14514

Submitted by: Richard Yarmel, Esq. Title: Partner Dated: January 11, 2013

Firm Name (if other than entity): Harter Secrest & Emery, LLP

Telephone: 585 232-6500

Email: ryarmel@hselaw.com

Relationship to Entity whose information was compromised: counsel to owner of entity

Type of Organization (please select one): Governmental Entity in New York State; Other Governmental Entity;
 Educational; Health Care; Financial Services; Other Commercial; Not-for-profit**Number of Persons Affected:**

Total (Including NYS residents): 13,806 NYS Residents: 13,806

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Yes; No.**Dates:** Breach Occurred: after 11/06/12 Breach Discovered: 11/15/12 Consumer Notification: 01/11/13**Description of Breach** (please select all that apply): Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape); Internal system breach; Insider wrongdoing; External system breach (e.g., hacking); Inadvertent disclosure; Other (specify): _____**Information Acquired:** Name or other personal identifier in combination with (please select all that apply): Social Security Number Driver's license number or non-driver identification card number Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:** Written; Electronic; Telephone; Substitute notice. (Everyone got the letter)

List dates of any previous (within 12 months) breach notifications: _____

Identify Theft Protection Service Offered: Yes; No.

Duration: _____ Provider: _____

Brief Description of Service: _____

Lee D. Pollan, DMD, PC
4415 Buffalo Road 11 00000001 218451
Suite 14
North Chili, NY 14514

Lee D. Pollan, DMD, PC
Oral Surgery Practice
4415 Buffalo Road, Suite 14
North Chili, NY 14514



Sample

January 11, 2013

Dear Patient or Personal Representative of Patient:

I am writing to make you aware of an incident involving your protected health information from my private oral surgery practice in North Chili, where you were one of my patients. As you may know, I closed my private practice in December 2011.

Some of my patient records (mostly billing information) regarding your care as my private patient were maintained on a laptop computer which I would need to access from time to time. This computer was located in my current office that I believed was secure. On November 15, 2012 while attempting to look up some patient information on this computer, it was discovered that the laptop was missing. A thorough search for the device was conducted including notifying the police, but as of this writing it has still not been found and I must conclude at this point that the laptop was stolen and will not be recovered. I am therefore writing to notify you of the loss of some of your protected health information from your time as my private patient.

The information from my oral surgery practice that was on the laptop included patients' names, birthdates, addresses, social security numbers, diagnosis codes and surgery billing codes, dates of service and the person responsible for the bill. The information on the laptop is limited to the records that were created prior to the closure of my private practice. Although the computer itself and the software on the computer were password protected, the files on this laptop were not encrypted. I do have a backup drive of the contents of this computer so your information is still available. The backup information is being encrypted.

I am very sorry about this event and any concern this notification may cause you. Although I have no knowledge of any misuse of your information, it is very important to make you aware of this situation so you can be alert to the potential for any misuse and understand that you have the option to take some steps to protect yourself. The Federal Trade Commission has excellent resources on its website to guide people through the process at: <http://www.ftc.gov/bcp/edu/microsites/idtheft2012>, or call toll free at 1-877-438-4338.

As many of you know, I have been in private practice for over 37 years. Please know that I deeply regret that this unfortunate event occurred and I am committed to ensuring that nothing similar happens in the future. To answer any questions regarding this unfortunate situation, please don't hesitate to call toll free 1-855-800-0103 Mon -Fri. from 9 a.m. - 7 p.m. EST.

Sincerely,

Lee D. Pollan, DMD

ROCHESTER

Democrat and Chronicle

Text is enlarged below
for easy viewing

LEGAL NOTICE

Notice of loss of
patient information

On November 15, 2012, a laptop belonging to oral surgeon Lee D. Pollan, DMD, PC, was found to be missing. It is believed that the laptop was stolen from Dr. Pollan's current office. The computer contained protected health information - including patients' names, birthdates, addresses, social security numbers (in some instances), diagnosis codes and surgery billing codes, dates of service and the person responsible for the bill - for patients seen by Dr. Pollan in his private practice in North Chili, NY which closed in December of 2011. Although the computer itself and the software on the computer were password-protected, files on the laptop were not encrypted. Letters have been sent to all involved patients so they can be alert to the potential for any misuse of their information. The Federal Trade Commission has excellent resources on its website to guide people through protective measures: <http://www.ftc.gov/bcp/edu/microsites/idtheft2012>. For additional information, call 1-855-800-0103.

**Harter Secret & Emery LLP**

ATTORNEYS AND COUNSELORS

WWW.HSELAW.COM

January 11, 2013

FAX COVER SHEET

To	Telephone	Facsimile
NYS Dept. of State Div. of Consumer Protection		518-473-9055
Attn: Director of Division of Consumer Protection		
Security Breach Notification		

From:	Telephone	Facsimile
Richard Yarmel	585.231.1268	585.232.2152
ID: 0059		
Client/Matter: 098719/000002		

Total number of pages (including cover sheet): 4

Comments:
Begin Typing Here

If you did not receive the number of pages shown above, or if any copies are illegible,
please call the telecommunications operator at 585.232.6500.

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