

[ON PHARMACY LETTERHEAD]

\_\_\_\_\_, 20\_\_\_\_

[First Class Mail  
Addressed to each  
patient involved]

Dear \_\_\_\_\_:

The purpose of this letter is to advise you that our pharmacy has discovered a breach of the security of our Protected Health Information on [Date].

We found that the following types of information, some of which includes your HIPAA Protected Health Information, were removed from our Pharmacy during the [Briefly describe incident.] [Describe what PHI was disclosed, e.g. name, address, date of birth, type of medication, etc.]

In light of the foregoing, we suggest that you carefully monitor [depending on the information taken] refills on your prescriptions, credit cards charges, other bills, and the like.

We also want you to know that we are taking steps to further secure our premises and our electronic and paper pharmacy records. [Describe in reasonable detail what is being done.]

If you have any questions about this event, please do not hesitate to contact us at [toll-free phone number if available, e-mail address, web site if any, or mail to this address, ATTN\_\_\_\_\_ name of pharmacy employee or representative best able to respond to questions.]

Sincerely yours,

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Signature

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Print Name and Title