



State of Alaska

Department of Health and Social Services Division of Public Assistance

NOTIFICATION OF SUSPECTED BREACH OF CONFIDENTIAL INFORMATION

Name of person reporting: _____

Address: _____

Contact Person (if different from person reporting): _____

Contact Telephone Number: _____

Identify the suspected or actual breach of security, intrusion, or unauthorized use or disclosure of recipient information (Please be as specific as possible and include names, dates, times, and specific actions or concerns. Use the other side of this form if you need more room. Attach any relevant documents).

Attached documents include:

Identify any actions taken or to be taken to remedy the suspected or actual breach:
