



"DuPerre, Brian"
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>

10/30/2008 10:28 AM

Please respond to
"DuPerre, Brian"
<brian_duperre@uniprise.com
>

To <breach.security@oag.state.ny.us>,
<security_breach_notification@consumer.state.ny.us>

cc

bcc

Subject FW: Fiserv Health Plan Administrators, Inc. Data Breach
Notification

Good Morning,

Attached you will find a completed New York State Security Breach Reporting Form, pursuant to the Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology law Section 208) to report a stolen encrypted laptop computer and an unencrypted external hard drive which belonged to an employee of Fiserv Health Plan Administrators (a UnitedHealthcare company).

The crime took place in the state of Texas on September 25th, 2008. We have now confirmed that data contained on the unencrypted external drive likely contained information on approximately 1,006 New York residents. Some of this information may have been name alone or some other combination of name, SSN, health plan identifiers or other personally identifiable information, including personal health information (PHI).

Please let me know if you have any question or require any further elaboration. We are commencing member notifications and where appropriate, offering those impacted by the possible disclosure of sensitive personally identifying information Equifax Gold identity theft protection and credit monitoring services. Member/customer notification letters also include information on the FTC and other free credit bureau services available to assist in ensuring the continued safety of their personal financial information and identities.

-Brian

Brian DuPerre
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NY Breach Notification Form - Fiserv Health Plan Administrators, Inc..doc

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 of Entity: **Fiserv Health Plan Administrators, Inc.**

Street Address: **ATTN Privacy Office, 1300 River Drive, Suite 200, IL008-1000**

City: **Moline** State: **IL** Zip Code: **61265-1368**

Sector (please select one): Local Government State Government Federal Government
 Not-for-profit Commercial Educational

Type of Business (please select one): Biotech/Pharm Education Financial Services
 Health Care Insurance Retail/Internet Telecom. Transportation
 Other: **Health Benefit Plan Administration**

Persons Affected: Total: **approx. 125,000** Dates: Breach Occurred: **September 25, 2008**
NY residents: **approx. 1,006** Breach Discovered: **September 25, 2008**
Consumer Notification: **Starting now**

Reason for delay, if any, in sending notice: **Recreation of lost data and determination of impact.**

Description of Breach (please select all that apply): Hacking incident; Inadvertent disclosure;
 Stolen computer, CD, tape, etc; Lost computer, CD, tape, etc; Insider wrongdoing;
 other (specify): _____ [Attach additional description if necessary]

Information Acquired (please select all that apply): Name; SSN; Driver's license no.;
 Account number; Credit or Debit card number; Other (specify): **Certain limited personal health information (PHI). Not all impacted individuals had sensitive personally identifying information within the files of the stolen devices (encrypted computer and unencrypted external drive).**

Manner of Notification to Affected Persons (**Attach Copy**): Written; Electronic (email);
 Telephone; Substitute notice (provide justification). List dates of any previous (within 12 months) breach notifications: **None that I am aware for Fiserv Health Plan Administrators, Inc. Please note Fiserv Health Plan Administrators, Inc. is wholly owned by UnitedHealthcare, which may have reported an event within a different legal entity in the prior twelve months.**

Credit Monitoring or Other Service Offered: Yes; No; Duration: **1 (one) year**
Service: **Equifax Gold** Provider: **Equifax**

Note: Program will be offered only to those who were impacted by loss of personally identifiable information which could place them at risk for identity theft crimes.

Submitted by: **Brian DuPerre, Esq.** Title: **Associate General Counsel**

Firm Name (if other than entity): **UnitedHealthcare/Fiserv**

Telephone: 860-702-7095

Email: brian_duperre@uhc.com

Dated: October 29, 2008

**PLEASE COMPLETE AND SUBMIT THIS FORM TO
EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

Fax or E-mail this form to:

New York State Attorney General's Office:

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway - 3rd Floor

New York, NY 10271

Fax: 212-416-6003

E-mail: breach.security@oag.state.ny.us

New York State Office of Cyber Security

& Critical Infrastructure Coordination (CSCIC)

SECURITY BREACH NOTIFICATION

30 South pearl Street, Floor P2

Albany, NY 12207

fax: 518-474-9090

E-mail: info@cscic.state.ny.us

New York State Consumer Protection Board (CPB):

SECURITY BREACH NOTIFICATION

1740 Broadway, 15th floor

New York, NY 10019

fax: 212-459-8855

E-mail: security_breach_notification@consumer.state.ny.us