



DATA BREACH NOTIFICATION

OFFICE OF THE ARIZONA ATTORNEY GENERAL
ATTORNEY GENERAL KRIS MAYES
2005 N Central Avenue Phoenix, Arizona 85004
www.azag.gov

DATA BREACH NOTIFICATION CHECKLIST

DISCLAIMER: This checklist is provided for informational purposes only and does not constitute legal advice. You are responsible for ensuring compliance with Arizona's Data Breach Reporting law. If you have any questions about these forms, consult with an attorney.

This form is intended for businesses that own or license computerized data that experience a system security breach. It may be used by the Attorney General to investigate the data breach and any related incidents or conduct. Except for substitute notices provided pursuant to A.R.S. 18-552(F), notifications provided to the Attorney General using this form are confidential pursuant to A.R.S. § 44-1525 and are exempt from disclosure under A.R.S. § 39-101 et seq.

If you are an individual and believe your information was compromised in a data breach, do not use this form. Instead, see the [Attorney General's website](http://www.azag.gov) for more information on what you can do to avoid becoming a victim of identity theft.

Step 1: Do you need to report?

Answer these questions to determine if you need to report. If you are uncertain you may still report.

- Yes No **Have you experienced a security incident¹?**
- Yes No **Have you completed a prompt investigation of the security incident?**
- Yes No **Have you determined the full scope of the security incident including the dates of any unauthorized access?**
- Yes No **Have you determined the security incident involved computerized personal information maintained or licensed in an unencrypted or unredacted format?**
- Yes No **Did that security incident result in a security system breach² of personal information³?**
- Yes No **Did the breach of personal information involve the personal information of more than 1000 residents of Arizona?**

¹**Security Incident:** "[A]n event that creates reasonable suspicion that a person's information systems or computerized data may have been compromised or that measures put in place to protect the person's information systems or computerized data may have failed." See A.R.S. § 18-551(10).

²**Security System Breach:** "[A]n unauthorized acquisition of and unauthorized access that materially compromises the security or confidentiality of unencrypted and unredacted computerized personal information maintained as part of a database of personal information regarding multiple individuals." See A.R.S. § 18-551(1).

³**Personal Information:** Includes an individual's first name or first initial and last name in combination with at least one "specified data element," such as a Social Security or driver's license number; taxpayer ID; medical or mental-health information; or biometric data. (For a full list of specified data elements, see A.R.S. § 18-551(11)). "Personal information" also includes an individual's user name or e-mail address, in combination with a password or security question and answer, that allows access to an online account. "Personal information," however, does not include information publicly available from government records or widely distributed media.

If you answered "Yes" to all of Step 1 continue to Step 2: Exemptions. If you answered "No" to any question in Step 1 consult with a professional to determine if you are ready to report.

Step 2: Do any exemptions apply to you?(A.R.S. § 18-552(N))

The law exempts certain businesses. Check to see if these apply. If you are uncertain you may still report.

Are you a covered entity or business associate under the Health Insurance Portability and Accountability Act (HIPAA)?

Yes, I am subject to HIPAA regulations. No, I am **NOT** subject to HIPAA regulations. I don't know

Are you subject to Title V of the Gramm-Leach-Bliley Act (GLBA)?

Yes, I am subject to Title V of the GLBA. No, I am **NOT** subject to Title V of the GLBA. I don't know

If you answered "Yes" on either question in Step 2 you may not need to report. Consult with a professional to determine reporting obligations. If you answered "No" or remain unsure, please continue with the remainder of the form.



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Section 1: Contact Information

REPORTING COMPANY NAME	REPORTING COMPANY ADDRESS
ATTORNEY/AGENT/OFFICER SUBMITTING FORM NAME	ATTORNEY/AGENT/OFFICER JOB TITLE
ATTORNEY/AGENT/OFFICER COMPANY NAME (if different)	ATTORNEY/AGENT/OFFICER ADDRESS (if different)
ATTORNEY/AGENT/OFFICER EMAIL	ATTORNEY/AGENT/OFFICER PHONE NUMBER

Section 2: Details of Security Incident and Breach

DATE OF SECURITY INCIDENT THAT PROMPTED INVESTIGATION	DATE INVESTIGATION WAS LAUNCHED
APPROXIMATE DATE(S) OF BREACH From: _____ To: _____	DATE DETERMINED BREACH OCCURRED (Investigation End Date)
BRIEF DESCRIPTION OF THE SECURITY INCIDENT (Optional)	

Section 3: Additional Questions

Did you submit a data breach notification to the Arizona Department of Homeland Security as required by A.R.S. §18-552?	Yes	No
May we provide your name and telephone number, as listed in section 1, to the media in the event of an inquiry about this matter?	Yes	No
May we inform individuals who call the Office of the Attorney General after receiving a notification letter from the company, that we received this notification? These communications will not exceed confirming receipt of this notification. We will not share any details of the notification.	Yes	No

CONTINUED ON NEXT PAGE

Section 4: Description of Data Breach

DESCRIPTION OF PERSONAL INFORMATION INCLUDED IN THE BREACH (Personal Information shall have the meaning as set forth in A.R.S. § 18-551.)

NUMBER OF ARIZONA RESIDENTS AFFECTED?

WERE AFFECTED ARIZONA RESIDENTS NOTIFIED OF THE BREACH? Yes No
If Yes, provide the date(s) and the method of notification. If no, explain why not and detail any future plans for notification.

WERE THE THREE LARGEST NATIONWIDE CONSUMER REPORTING AGENCIES⁴ NOTIFIED? Yes No
If yes, provide the date(s).

ADDITIONAL INFORMATION (Optional)

Check this box if you are including a sample notification letter with your response.
Check this box if you wish to make non-confidential substitute notice pursuant to A.R.S. § 18-552(F)(4). If this box is checked, you **must** include with this form a written letter to the attorney general that demonstrates the facts* necessary for substitute notice and conspicuously post the notice on your website for at least 45 days. See A.R.S. § 18-552(F)(4)(a), (b).
*Substitute notice requires that you demonstrate that the cost of providing notice to consumers would exceed \$50,000, that the affected class of subject individuals to be notified exceeds 100,000 individuals or that you lack sufficient contact information. See A.R.S. § 18-552(F)(4).

Section 5: Signature

I declare, under penalty of perjury, that the facts and statements contained in this declaration, including any attached statements, are true and correct.

Signature: _____ Date: _____

4. Equifax, TransUnion, and Experian