

# NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act  
(State Technology Law §208)

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

NEW YORK STATE POLICE  
Street Address: 1220 WASHINGTON AVE BLDG 22  
City: ALBANY State: NY Zip Code: 12226

**Submitted by:** ROBERT BROWN Title: Lieutenant Dated: 2/21/24

Firm Name (if other than entity): \_\_\_\_\_  
Telephone: 518-897-2075 Email: robert.w.brown@troopers.ny.gov  
Relationship to Entity whose information was compromised: Employee

**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): 193 NYS Residents: 193  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 1/21/24 Breach Discovered: 1/23/24 Consumer Notification: 1/23/24 - 2/21/24

**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.  
List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_  
Brief Description of Service: \_\_\_\_\_

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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Chief Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 4th Floor  
Albany, NY 12226  
Email: [ciso@its.ny.gov](mailto:ciso@its.ny.gov)

**New York State Department of State Division of Consumer  
Protection** Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

\_\_\_\_AudienceView\_\_\_\_\_  
Street Address: \_\_\_\_200 Wellington St. West, Second Floor\_\_\_\_\_  
City: \_\_\_\_Toronto\_\_\_\_ State: \_\_\_\_Ontario\_\_\_\_ Zip Code: \_\_\_\_M5V 3C7\_\_\_\_\_

**Submitted by:** \_\_\_\_TJ Myers\_\_\_\_ Title: \_\_\_\_CIO/Director of ITS\_\_\_\_ Dated: \_\_\_\_2/24/2023\_\_\_\_  
Firm Name (if other than entity): \_\_\_\_SUNY Plattsburgh\_\_\_\_  
Telephone: \_\_\_\_5185642449\_\_\_\_ Email: \_\_\_\_myersjtj@plattsburgh.edu\_\_\_\_  
Relationship to Entity whose information was compromised: \_\_\_\_Customer\_\_\_\_\_

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

**Number of Persons Affected:**

Total (Including NYS residents): \_\_\_\_Approximately 250\_\_\_\_ NYS Residents: \_\_\_\_Approximately 250\_\_\_\_  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? [ ] Yes; [ ] No.

**Dates:** Breach Occurred: \_\_\_\_2/17/2023-2/21/2023\_\_\_\_ Breach Discovered: \_\_\_\_2/21/2023\_\_\_\_ Consumer Notification: \_\_\_\_2/23/2023\_\_\_\_

**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;  
[X ] Other (specify): \_\_\_\_3<sup>rd</sup> party, externally hosted, software provider had a data breach, please review the attachment  
"AudienceView Breach Summary" for details\_\_\_\_\_

**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  
[X ] 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:** See attachments labeled "Campus communication message" and  
"CampusCommunityEmail"

[ ] Written; [X ] Electronic; [ ] Telephone; [ ] Substitute notice.

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

**Identify Theft Protection Service Offered:** [X ] Yes; [ ] No.

Duration: \_\_\_\_unknown\_\_\_\_ Provider: \_\_\_\_AudienceView, the 3<sup>rd</sup> part that had the breach will be  
offering that to affected card holders per the attached email "AudienceView Initial Campus

Notice" \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_ AudienceView is still working the details of the protection service being offered

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Enterprise Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 1st Floor

Albany, NY 12226

Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

**NEW YORK STATE SECURITY BREACH REPORTING FORM**  
Pursuant to the Information Security Breach and Notification Act  
(State Technology Law §208)

**Name and address of Entity that owns or licenses the computerized data that was subject to the breach:**  
Capital District Regional Off-Tier Betting Corporation  
Street Address: 1629 State Street  
City: Schenectady State: NY Zip Code: 12304

**Submitted by:** Robert Hemsworth Title: VP of Legal Affairs Dated: 2/1/2024  
Firm Name (if other than entity): \_\_\_\_\_  
Telephone: 578-344-5298 Email: robert.h@capitaldb.com  
Relationship to Entity whose information was compromised: in house counsel

**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 public benefit corporation

**Number of Persons Affected:**  
Total (Including NYS residents): unknown NYS Residents: \_\_\_\_\_ only OTS employees information  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? [ ] Yes; [ ] No.

**Dates:** Breach Occurred: 12/13/2023 Breach Discovered: 12/16/2023 Consumer Notification: \_\_\_\_\_

**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.  
List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_

**Identify Theft Protection Service Offered:** [ ] Yes; [ ] No.  
Duration: \_\_\_\_\_ Provider: \_\_\_\_\_  
Brief Description of Service: \_\_\_\_\_

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

**Fax or Email this form to:**

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Chief Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 4th Floor  
Albany, NY 12226  
Email: [ciso@its.ny.gov](mailto:ciso@its.ny.gov)

**New York State Department of State Division of Consumer  
Protection** Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Brooklyn College/City University of New York

Street Address: 2900 Bedford Avenue

City: Brooklyn State: NY Zip Code: 11210

**Submitted by:** Ellen Jittrarachit Title: Associate General Counsel Dated: 1/25/2023

Firm Name (if other than entity): CUNY Office of the General Counsel

Telephone: 646-664-9222

Email: Ellen.Jittrarachit@cuny.edu

Relationship to Entity whose information was compromised: Brooklyn College is a constituent college in the CUNY system.

**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): 4 NYS Residents: 4

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 11/18/22 Breach Discovered: 11/21/22-1/19/23 Consumer Notification: 1/25/23

NOTE: On 11/21/22, the College's IT discovered compromised mailboxes, blocks access, and remediates. On or about 12/5/22, DFIR search flags ssns. On 1/19/23, IT manually confirms that ssns were in one of the compromised mailboxes.

**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): phishing scheme

**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.

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

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Brooklyn College/City University of New York

Street Address: 2900 Bedford Avenue

City: Brooklyn

State: NY

Zip Code: 11210-2889

**Submitted by:** Ellen Jittrarachit Title: Associate General Counsel Dated: 9/19/2022

Firm Name (if other than entity): \_\_\_\_\_

Telephone: 646-664-9222

Email: Ellen.Jittrarachit@cuny.edu

Relationship to Entity whose information was compromised: Brooklyn College is a constituent college in the CUNY system

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

**Number of Persons Affected:**

Total (Including NYS residents): 6 NYS Residents: 5

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? [ ] Yes; [ ] No.

**Dates:** Breach Occurred: 7/19/2022 Breach Discovered: 7/20/2022 Consumer Notification: 8/31/2022

**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; [X] External system breach (e.g., hacking); [ ] Inadvertent disclosure;

[X] Other (specify): An employee responded to a "phish" which allowed cyber criminals to access her e-mailbox

**Information Acquired:** Name or other personal identifier in combination with (please select all that apply):

[X] 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:**

[X] Written; [ ] Electronic; [ ] Telephone; [ ] Substitute notice.

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

**Identify Theft Protection Service Offered:** [ ] Yes; [X] No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

Note: While there is no evidence that the social security numbers were accessed or acquired, the College notified the affected individuals in an abundance of caution. The employee, who responded to the "phish" was directed to complete an Awareness training course and provide a certificate of completion.



OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
Tel: (212)416-8433 | Fax (212)416-8369

Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

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**Intake Id** 1-503981288  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Catherine  
**Last Name** Volk  
**Title** Privacy Officer  
**Your Firm/Organization Name** New York State Comptroller's Office  
**Street Address** 110 State Street  
**Address Line 2** 14th Floor  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12236  
**Email Address** cvolk@osc.ny.gov  
**Phone Number** 518-473-1968

**Entity that experienced the Breach**

**Entity Name** Ascensus College Savings Recordkeeping Services, LLC  
**Street Address** 95 Wells Avenue  
**Address Line 2** Suite 160  
**City/Town** Newton  
**State** MA  
**Zip/Postal Code** 02459  
**Email Address** chris.catanese@ascensus.com  
**Phone Number** 978-302-5134  
**Website** [www.ascensus.com/solutions/education/529-plans/](http://www.ascensus.com/solutions/education/529-plans/)  
**Organization type** Professional Services  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Insider Wrongdoing; Unauthorized Access (Not including Theft, Loss and Hacking)  
**Information Accessed/Acquired**

Social Security Number;Financial Account Information (including Payment Cards);Username/Email Address and Password

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 2136

New York State residents 1571

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

#### Breach Dates

Start date 2022-08-12

End date 2022-11-18

Date learned of unauthorized access to network 2022-11-17

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2022-11-17

Date affected consumers were notified 2023-01-04

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? Y

Provider Experian, IdentityWorks

Duration 1 year

#### Brief description of service

Identity theft monitoring services

#### Additional comments

We suspect a former Ascensus employee, without authorization or consent, withdrew funds from an individual's 529 account. Ascensus' fraud detection processes prevented two subsequent unauthorized withdrawal attempts.

The call center employee had unauthorized access to 3 known accounts, but legitimately accessed and serviced other accounts during the associate's employment and may have viewed personal information related to the accounts, including names and Social Security numbers. Notice is being provided to all accounts the employee serviced.

This former associate has been terminated from employment and Ascensus has referred the matter to law enforcement.

#### Uploaded Documents

User Uploaded Document Names GenericAONYDNotificationv122822.docx

In filing this complaint, I understand that:

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature**

Catherine Volk

**Date of Affirmation**

01-04-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
Tel: (212)416-8433 | Fax (212)416-8369

Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

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**Intake Id** 1-788303802  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Debra  
**Last Name** Winter  
**Title** Superintendent  
**Your Firm/Organization Name** Springs UFSD  
**Street Address** 48 School Street  
**Address Line 2**  
**City/Town** East HAMpton  
**State** NY  
**Zip/Postal Code** 11959  
**Email Address** dwinter@springsschool.org  
**Phone Number** 631-324-0144

**Entity that experienced the Breach**

**Entity Name** New York Therapy Placement Services  
**Street Address** 299 Hallock Avenue  
**Address Line 2**  
**City/Town** Port Jefferson  
**State** NY  
**Zip/Postal Code** 11776  
**Email Address** John.johnson@nytps.com  
**Phone Number** 631-215-3608  
**Website**  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: PASSWORD CREDENTIALS COMPROMISED)  
**Information Accessed/Acquired**

Username/Email Address and Password

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 5

New York State residents 5

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation NYT works for multiple school districts

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

**Breach Dates**

Start date 2023-11-28

End date 2023-11-29

Date learned of unauthorized access to network 2023-11-29

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-11-29

Date affected consumers were notified 2024-01-02

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

**Additional comments**

the breach goes back to January 19, 2016

**Uploaded Documents**

User Uploaded Document Names nytbreach.pdf

**In filing this complaint, I understand that:**

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

Signature Debra Winter

Date of Affirmation 01-11-2024

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
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Consumer Hotline  
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TDD (800)788-9898  
<http://www.ag.ny.gov>

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**Intake Id** 1-542892048  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Shoshana  
**Last Name** Milstein  
**Title** VP, Compliance & Audit  
**Your Firm/Organization Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave.  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033

**Entity that experienced the Breach**

**Entity Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave.  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033  
**Website** [www.downstate.edu](http://www.downstate.edu)  
**Organization type** Health  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

**Breach Dates**

Start date 2022-05-16

End date 2022-05-16

Date learned of unauthorized access to network 2022-05-27

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2022-05-27

Date affected consumers were notified 2022-06-02

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

Additional comments

**Uploaded Documents**

User Uploaded Document Names HHSBreachReportEDDischargePapers052722.pdf

**In filing this complaint, I understand that:**

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

Signature Shoshana Milstein

Date of Affirmation 02-28-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
Tel: (212)416-8433 | Fax (212)416-8369

Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

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**Intake Id** 1-542915298  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Shoshana  
**Last Name** Milstein  
**Title** VP, Compliance & Audit  
**Your Firm/Organization Name** SUNY Downstate Medical Center  
**Street Address** 450 Clarkson Ave  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033

**Entity that experienced the Breach**

**Entity Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033  
**Website** www.downstate.edu  
**Organization type** Health  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**



Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

**Breach Dates**

Start date 2022-09-20

End date 2022-09-20

Date learned of unauthorized access to network 2022-09-20

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2022-09-20

Date affected consumers were notified 2022-10-04

Manner of Notification to Affected Persons Written

List dates of any previous (within 12 months) breach notifications 04/26/22, 05/16/2022- each involved 1 NYS resident

Identity theft protection service offered? N

Additional comments

**Uploaded Documents**

User Uploaded Document Names HHSBreachReportEmailConfirmationTransplantMedPlanner092022.pdf

**In filing this complaint, I understand that:**

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

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Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature**

Shoshana Milstein

**Date of Affirmation**

02-28-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



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---

**Intake Id** 1-820926082  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Shoshana  
**Last Name** Milstein  
**Title** VP, Compliance & Audit  
**Your Firm/Organization Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033

**Entity that experienced the Breach**

**Entity Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033  
**Website** www.downstate.edu  
**Organization type** Health  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-10-18

End date 2023-10-18

Date learned of unauthorized access to network 2023-10-26

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-10-26

Date affected consumers were notified 2023-11-14

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

**Additional comments**

Wrong discharge papers inadvertently provided to pediatric patient's guardian.

**Uploaded Documents**

User Uploaded Document Names HHSBreachReportPedsDischargePapers101823.pdf

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Signature Shoshana Milstein

Date of Affirmation 03-05-2024

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---

**Intake Id** 1-820908192  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Shoshana  
**Last Name** Milstein  
**Title** VP, Compliance & Audit  
**Your Firm/Organization Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033

**Entity that experienced the Breach**

**Entity Name** SUNY Downstate Health Sciences University  
**Street Address** 450 Clarkson Ave  
**Address Line 2**  
**City/Town** Brooklyn  
**State** NY  
**Zip/Postal Code** 11203  
**Email Address** shoshana.milstein@downstate.edu  
**Phone Number** 718-270-4033  
**Website** www.downstate.edu  
**Organization type** Health  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-12-29

End date 2023-12-29

Date learned of unauthorized access to network 2023-12-29

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-12-29

Date affected consumers were notified 2024-01-16

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

**Additional comments**

Eye clinic faxed to patient's employer, pursuant to patient's request, that patient had a visit at the eye clinic; however, the letter included health information related to a different patient.

**Uploaded Documents**

User Uploaded Document Names HHSBreachReportMidwoodEmployerLetter122923.pdf

**In filing this complaint, I understand that:**

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Signature Shoshana Milstein

Date of Affirmation 03-05-2024

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---

**Intake Id** 1-829818742  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Monica  
**Last Name** Papagni  
**Title** Director of Institutional Technology  
**Your Firm/Organization Name** Jefferson Community College  
**Street Address** 1220 Coffeen Street  
**Address Line 2**  
**City/Town** Watertown  
**State** NY  
**Zip/Postal Code** 13601  
**Email Address** mpapagni@sunyjefferson.edu  
**Phone Number** 315-786-2301

**Entity that experienced the Breach**

**Entity Name** Jefferson Community College  
**Street Address** 1220 Coffeen Street  
**Address Line 2**  
**City/Town** Watertown  
**State** NY  
**Zip/Postal Code** 13601  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: PASSWORD CREDENTIALS COMPROMISED);Unauthorized Access (Not including Theft, Loss and Hacking)  
**Information Accessed/Acquired**

Financial Account Information (including Payment Cards);Username/Email Address and Password;Unknown/Not Determined

**Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408?** N

**Total (including NYS residents)** 4

**New York State residents** 4

**Do you believe that this security breach was part of a larger breach that likely affected other organizations?** N

**If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?** N

**Breach Dates**

**Start date** 2024-03-06

**End date** 2024-03-08

**Date learned of unauthorized access to network** 2024-03-19

**Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b))** 2024-03-19

**Date affected consumers were notified** 2024-03-20

**Manner of Notification to Affected Persons** Telephone

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

**Identity theft protection service offered?** N

**Additional comments**

Continuing investigation of incident

**In filing this complaint, I understand that:**

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**Signature** monica papagni

**Date of Affirmation** 03-20-2024



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---

**Intake Id** 1-837577162  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Richard  
**Last Name** Borden  
**Title** Assistant Chief Information Security Officer  
**Your Firm/Organization Name** State University of New York  
**Street Address** 353 Broadway  
**Address Line 2**  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12246  
**Email Address** richard.borden@suny.edu  
**Phone Number** 518-320-1893

**Entity that experienced the Breach**

**Entity Name** State University of New York  
**Street Address** 353 Broadway  
**Address Line 2**  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12246  
**Email Address** richard.borden@suny.edu  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Other(Description: 3rd Party Breach)  
**Information Accessed/Acquired**

Social Security Number

Is the entity a "Covered Entity" required to provide notice N  
to the U.S. Department of Health and Human Services  
under 45 C.F.R. § 164-408?

Total (including NYS residents) 107

New York State residents 0

Do you believe that this security breach was part of a N  
larger breach that likely affected other organizations?

If the number of NYS residents exceeds 5,000, have the  
consumer reporting agencies been notified?

**Breach Dates**

Start date 2024-02-12

End date 2024-02-15

Date learned of unauthorized access to network 2024-03-22

Date learned private information was accessed or 2024-04-02  
acquired (as defined by General Business Law 899-aa(b))

Date affected consumers were notified 2024-04-02

Manner of Notification to Affected Persons Electronic

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

Identity theft protection service offered? Y

Provider Experian

Duration 24 Months

**Brief description of service**

Credit Monitoring and Identity Theft Protection

**Additional comments**

This morning (4/2/2024) the Office of the University Controller at SUNY System Administration was notified 107 students: name, address, DOB, and SSN were exposed in a breach through a 3rd party vendor. At current, we do not know the names of the students impacted, whether they are NYS residents, nor which campus they attend. ECSI reports they are actively notifying students but we can not confirm which students if any have already been notified

**In filing this report, I understand that:**

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- Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section

210 of the Penal Law.

**By typing my full name below, I certify that the above complaint is true and accurate to the best of my knowledge and that any documents attached are true and accurate copies of the originals.**

**Signature**

Richard Borden

**Date of submission**

04-02-2024

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



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---

**Intake Id** 1-578796098  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** David  
**Last Name** Dobert  
**Title** Security Analyst  
**Your Firm/Organization Name** OMH  
**Street Address** 44 Holland Ave.  
**Address Line 2**  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12208  
**Email Address** infosec@omh.ny.gov  
**Phone Number** 518-250-4189

**Entity that experienced the Breach**

**Entity Name** Buffalo Psychiatric Center  
**Street Address** 400 Forest Ave  
**Address Line 2**  
**City/Town** Buffalo  
**State** NY  
**Zip/Postal Code** 14213  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Health  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
Unauthorized Access (Not including Theft, Loss and Hacking)  
**Information Accessed/Acquired**

Biometric Information

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

Breach Dates

Start date 2022-10-12

End date 2022-10-12

Date learned of unauthorized access to network 2022-10-12

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2022-10-12

Date affected consumers were notified 2022-10-17

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

Additional comments

Uploaded Documents

User Uploaded Document Names OMHHIPAAEventAssessment\_20230425\_1304.pdf

In filing this complaint, I understand that:

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Signature David Dobert

Date of Affirmation 04-25-2023

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STATE OF NEW YORK DEPARTMENT OF LAW



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**Intake Id** 1-580366988  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** David  
**Last Name** Dobert  
**Title** Security Analyst  
**Your Firm/Organization Name** OMH  
**Street Address** 44 Holland Ave.  
**Address Line 2**  
**City/Town** Albany  
**State** AL  
**Zip/Postal Code** 12208  
**Email Address** infosec@omh.ny.gov  
**Phone Number** 518-402-4252

**Entity that experienced the Breach**

**Entity Name** Manhattan Psychiatric Center  
**Street Address** 102 Rivers Edge Rd.  
**Address Line 2**  
**City/Town** New Youk City  
**State** NY  
**Zip/Postal Code** 10035  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Health  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Biometric Information

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

Breach Dates

Start date 2023-01-27

End date 2023-01-27

Date learned of unauthorized access to network 2023-01-27

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-01-27

Date affected consumers were notified 2023-02-22

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

Additional comments

Uploaded Documents

User Uploaded Document Names HHSTrackingnumberCP9X6WNH24.PDF

In filing this complaint, I understand that:

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Signature David Dobert

Date of Affirmation 04-27-2023

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**Intake Id** 1-580421378  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** David  
**Last Name** Dobert  
**Title** Security Analyst  
**Your Firm/Organization Name** OMH  
**Street Address** 44 Holland Ave.  
**Address Line 2**  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12208  
**Email Address** infosec@omh.ny.gov  
**Phone Number** 518-402-4252

**Entity that experienced the Breach**

**Entity Name** Manhattan Psychiatric Center  
**Street Address** 102 Rivers Edge Rd.  
**Address Line 2**  
**City/Town** New York City  
**State** NY  
**Zip/Postal Code** 10035  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Health  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**



Biometric Information

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 3

New York State residents 3

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

Breach Dates

Start date 2023-03-13

End date 2023-03-13

Date learned of unauthorized access to network 2023-03-13

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-03-13

Date affected consumers were notified 2023-04-03

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? N

Additional comments

Uploaded Documents

User Uploaded Document Names HHSTrackingnumberNQPWVHTT9N.PDF

In filing this complaint, I understand that:

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Signature David Dobert

Date of Affirmation 04-27-2023

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**Intake Id** 1-855513972  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Lisa  
**Last Name** Diehl  
**Title** Director of Eligibility  
**Your Firm/Organization Name** Saratoga County Department of Social Services  
**Street Address** 152 West High Street  
**Address Line 2**  
**City/Town** Ballston Spa  
**State** NY  
**Zip/Postal Code** 12020  
**Email Address** Lisa.Diehl@dfa.state.ny.us  
**Phone Number** 518-884-4140

**Entity that experienced the Breach**

**Entity Name** Saratoga County Department of Social Services  
**Street Address** 152 West High Street  
**Address Line 2**  
**City/Town** Ballston Spa  
**State** NY  
**Zip/Postal Code** 12020  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Government  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Social Security Number;Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 2

New York State residents 2

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

**Breach Dates**

Start date 2024-04-09

End date 2024-04-26

Date learned of unauthorized access to network 2024-04-26

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2024-04-26

Date affected consumers were notified 2024-05-01

Manner of Notification to Affected Persons Written;Telephone

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

Identity theft protection service offered? N

**Additional comments**

**In filing this report, I understand that:**

- The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.
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- Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**By typing my full name below, I certify that the above is true and accurate to the best of my knowledge and that any documents attached are true and accurate copies of the originals.**

Signature Lisa Diehl

Date of submission 05-01-2024

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



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---

**Intake Id** 1-859763402  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Christopher  
**Last Name** Higgins  
**Title** Commissioner  
**Your Firm/Organization Name** Legislative Bill Drafting Commission  
**Street Address** Room 308, NYS Capitol  
**Address Line 2**  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12224  
**Email Address** higgins@nylbdc.gov  
**Phone Number** 518-455-2701

**Entity that experienced the Breach**

**Entity Name** NYS Legislative Bill Drafting Commission  
**Street Address** NYS Capitol  
**Address Line 2** Room 308  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12224  
**Email Address** higgins@nylbdc.gov  
**Phone Number** 518-455-7501  
**Website**  
**Organization type** Government  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: VIRUS);Loss of Device, Documentation or Media;Unauthorized Access (Not including Theft, Loss and Hacking)  
**Information Accessed/Acquired**

Social Security Number;Driver License Number/Non-Driver ID;Financial Account Information (including Payment Cards);Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 730

New York State residents 710

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

**Breach Dates**

Start date 2024-04-17

End date 2024-04-17

Date learned of unauthorized access to network 2024-04-17

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2024-05-01

Date affected consumers were notified 2024-04-25

Manner of Notification to Affected Persons Written

List dates of any previous (within 12 months) breach notifications N/A

Identity theft protection service offered? Y

Provider Norton Lifelock

Duration one year

**Brief description of service**

Identity Theft and Credit Monitoring

**Additional comments**

DHSES, OITS and the Executive Chamber have all been involved in the investigation and post attack recovery. Work is ongoing to bring various LBDC systems back up while other systems are being entirely rebuilt.

**Uploaded Documents**

User Uploaded Document Names	
	LBDCStafferLetterExample.pdf
	LBDCFormerStaffer.pdf
	LBDCStafferLetter.pdf
	PaloAltoCybeSecurityRecommendations050323.pdf

**In filing this report, I understand that:**

- The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or

Section 210.45 of the Penal Law.

- This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).
- Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**By typing my full name below, I certify that the above is true and accurate to the best of my knowledge and that any documents attached are true and accurate copies of the originals.**

**Signature**

Christopher Higgins

**Date of submission**

05-08-2024

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**Intake Id** 1-374220152  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Gregory  
**Last Name** Bautista  
**Title** 165-177 Main Street  
**Your Firm/Organization Name** Mullen Coughlin LLC  
**Street Address** 1266 E. Main Street, Soundview Plaza  
**Address Line 2** Suite 700R  
**City/Town** Stamford  
**State** CT  
**Zip/Postal Code** 06902  
**Email Address** gbautista@mullen.law  
**Phone Number** 267-930-1509

**Entity that experienced the Breach**

**Entity Name** Family Counseling Services of Cortland County  
**Street Address** 165-177 Main Street  
**Address Line 2**  
**City/Town** Cortland  
**State** NY  
**Zip/Postal Code** 13045  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Health  
**Organization size** 6 to 25

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: VIRUS)  
**Information Accessed/Acquired**

Social Security Number; Driver License Number/Non-Driver ID

Is the entity a "Covered Entity" required to provide notice Y  
to the U.S. Department of Health and Human Services  
under 45 C.F.R. § 164-408?

Total (including NYS residents) 3

New York State residents 3

Do you believe that this security breach was part of a N  
larger breach that likely affected other organizations?

If the number of NYS residents exceeds 5,000, have the  
consumer reporting agencies been notified?

Breach occurred from 2021-12-13

Breach occurred to 2021-12-15

Breach discovered 2021-12-15

Consumer notification date 2022-06-02

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? Y

Provider IDX

Duration 12 months

Brief description of service

credit monitoring and identity restoration

Additional comments

## Uploaded Documents

User Uploaded Document Names NY AG Exhibit A.pdf

## In filing this complaint, I understand that:

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Signature Gregory Bautista

Date of Affirmation 06-02-2022



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**Intake Id** 1-377667172  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** John  
**Last Name** Taylor  
**Title** Chief Information Officer  
**Your Firm/Organization Name** Finger Lakes Community College  
**Street Address** 3325 Marvin Sands Drive  
**Address Line 2**  
**City/Town** Canandaigua  
**State** NY  
**Zip/Postal Code** 14424  
**Email Address** john.taylor@flcc.edu  
**Phone Number** 585-785-1300

**Entity that experienced the Breach**

**Entity Name** Finger Lakes Community College  
**Street Address** 3325 Marvin Sands Drive  
**Address Line 2**  
**City/Town** Canandaigua  
**State** NY  
**Zip/Postal Code** 14424  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Social Security Number

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

Breach occurred from 2022-06-01

Breach occurred to 2022-06-01

Breach discovered 2022-06-01

Consumer notification date 2022-06-15

Manner of Notification to Affected Persons Written;Electronic

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

Identity theft protection service offered? Y

Provider Experian

Duration 12 month

Brief description of service

Identity Theft protection & Credit Monitoring

Additional comments

## Uploaded Documents

User Uploaded Document Names FLCC- H.Emery letter 6-15-22.pdf

## In filing this complaint, I understand that:

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Signature John Taylor

Date of Affirmation 06-15-2022

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**Intake Id** 1-668044902  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Kenneth  
**Last Name** Runyon  
**Title** SUNY Chief Information Security Officer  
**Your Firm/Organization Name** SUNY System Administration  
**Street Address** SUNY System Administration  
**Address Line 2** 353 Broadway  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12246  
**Email Address** ken.runyon@suny.edu  
**Phone Number** 518-703-4086

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** National Student Clearinghouse  
**Address Line 2** 2300 Dulles Station Blvd Ste 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 12019  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number** 703-200-1549  
**Website** <https://www.studentclearinghouse.org/contact/>  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Social Security Number;Unknown/Not Determined;Other

Is the entity a "Covered Entity" required to provide notice N  
to the U.S. Department of Health and Human Services  
under 45 C.F.R. § 164-408?

Total (including NYS residents) 100000

New York State residents 100000

Do you believe that this security breach was part of a Y  
larger breach that likely affected other organizations?

Please provide brief explanation NSC services all US based institutions of Higher  
Education

If the number of NYS residents exceeds 5,000, have the Y  
consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-05-30

End date 2023-06-01

Date learned of unauthorized access to network 2023-06-16

Date learned private information was accessed or 2023-06-29  
acquired (as defined by General Business Law 899-aa(b))

Date affected consumers were notified 2023-07-11

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? Y

Provider Unknown

Duration Unknown

**Brief description of service**

Unknown

**Additional comments**

SUNY is reporting a breach at a 3rd party vendor, National Student Clearinghouse (NSC). The National Student Clearinghouse is the responsible organization. Due to the potential impact to students, SUNY is reporting this to ensure the NYS AG is made aware. Details regarding exactly which SUNY student data might have been accessed remains unknown at this time. The assessment by NSC is ongoing and not expected to be completed for another 2-3 weeks. SUNY System Administration is submitting this notification on behalf of all SUNY State Operated campuses. SUNY Community Colleges will be submitting similar notifications individually.

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**Signature**

Kenneth Runyon

**Date of Affirmation**

07-11-2023

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**Intake Id** 1-668230812  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Matthew  
**Last Name** Hertzog  
**Title** Chief Information Officer  
**Your Firm/Organization Name** Columbia-Greene Community College  
**Street Address** 4400 NY-23  
**Address Line 2**  
**City/Town** Hudson  
**State** NY  
**Zip/Postal Code** 12534  
**Email Address** matthew.hertzog@sunycgcc.edu  
**Phone Number** 518-697-6451

**Entity that experienced the Breach**

**Entity Name** Columbia-Greene Community College  
**Street Address** 4400 NY-23  
**Address Line 2**  
**City/Town** Hudson  
**State** NY  
**Zip/Postal Code** 12534  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: UNKNOWN NOT DETERMINED)  
**Information Accessed/Acquired**

Social Security Number;Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 1000

New York State residents 1000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation The attack was at the National Student Clearing House and affected the SUNY system.

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

**Breach Dates**

Start date 2023-05-27

End date 2023-06-16

Date learned of unauthorized access to network 2023-06-27

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-27

Date affected consumers were notified 2023-07-11

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? N

**Additional comments**

The National Student Clearinghouse (NSC) identified that it would directly contact all affected institutions. Columbia-Greene Community College has not been contacted, at this point. This is a preliminary notification to the NY Attorney General, in the event of contact from the NSC. No communication to students has occurred, since the NSC has not identified CGCC student data has been directly impacted.

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Signature Matthew Hertzog

**Date of Affirmation**

07-11-2023



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**Intake Id** 1-668250012  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Jason  
**Last Name** Fried  
**Title** Mr.  
**Your Firm/Organization Name** Suffolk County Community College  
**Street Address** 533 College  
**Address Line 2**  
**City/Town** Selden  
**State** NY  
**Zip/Postal Code** 11784  
**Email Address** friedj@sunysuffolk.edu  
**Phone Number** 631-451-4291

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** 2300 Dulles Station Blvd.  
**Address Line 2** Suite 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Social Security Number

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? Y

Total (including NYS residents) 4000

New York State residents 4000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation National Student Clearinghouse fell victim to MOVEit cyberattack. This impacts many clients.

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Y

**Breach Dates**

Start date 2023-05-26

End date 2023-06-16

Date learned of unauthorized access to network 2023-06-28

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-28

Date affected consumers were notified 2023-07-11

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? Y

Provider

Duration

Brief description of service

**Additional comments**

NSC has stated to the SUNY Administration CISO that they will need 2-3 more weeks to notify (physical mail) students impacted by the MOVEit cyberattack.

**Uploaded Documents**

User Uploaded Document Names MOVEitattack\_NSC.docx

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**Signature**

Jason Fried

**Date of Affirmation**

07-11-2023

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**Intake Id** 1-668779402  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Dennis  
**Last Name** Michaels  
**Title** Chief Information Officer  
**Your Firm/Organization Name** SUNY Ulster  
**Street Address** 491 Cottekill Road  
**Address Line 2**  
**City/Town** Stone Ridge  
**State** NY  
**Zip/Postal Code** 12484  
**Email Address** michaeld@sunyulster.edu  
**Phone Number** 845-481-0307

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** 2300 Dulles Station Blvd  
**Address Line 2** Suite 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Social Security Number

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 2800

New York State residents 2800

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation MoveIT breach from National Student Clearinghouse

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

**Breach Dates**

Start date 2023-06-27

End date 2023-07-01

Date learned of unauthorized access to network 2023-07-11

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-07-11

Date affected consumers were notified 2023-07-12

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? N

**Additional comments**

At this time we are not 100 percent confident that our data was compromised as we have not received official notification but was suggested to send this by SUNY. No notifications have been sent to comprised individuals as of yet but the box above would only let me pick a date going back.

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Signature Dennis Michaels

Date of Affirmation 07-12-2023

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**Intake Id** 1-669066532  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Eileen  
**Last Name** Wirley  
**Title** Chief Information Officer  
**Your Firm/Organization Name** SUNY Monroe Community College  
**Street Address** 1000 East Henrietta Road  
**Address Line 2**  
**City/Town** Rochester  
**State** NY  
**Zip/Postal Code** 14623  
**Email Address** ewirley1@monroecc.edu  
**Phone Number** 585-292-3041

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** National Student Clearinghouse  
**Address Line 2** 2300 Dulles Station Blvd Ste 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number** 703-200-1549  
**Website** [www.studentclearinghouse.org](http://www.studentclearinghouse.org)  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Unknown/Not Determined

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 13000

New York State residents 13000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation NSC services all US-based higher education institutions

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Y

**Breach Dates**

Start date 2023-05-30

End date 2023-06-01

Date learned of unauthorized access to network 2023-06-16

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-28

Date affected consumers were notified 2023-07-12

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? Y

Provider Unknown

Duration Unknown

**Brief description of service**

Unknown

**Additional comments**

SUNY Monroe Community College is reporting a breach at a 3rd party vendor, National Student Clearinghouse (NSC). The National Student Clearinghouse is the responsible organization. Due to the potential impact to Monroe students, we are reporting this to ensure the NYS AG is made aware. Details regarding exactly which student data might have been accessed remains unknown at this time. The assessment by

NSC is ongoing and not expected to be completed for another 2-3 weeks. We expect NSC to provide notification to the affected students and to offer Identity Theft Protection services. (The form would not let me leave the date blank, so I put in today's date for "Date affected consumers were notified". I was also advised by the SUNY CISO to put Yes in the field Identity theft protection services offered, even though technically it has not happened yet. I also

indicated that consumer reporting agencies have been notified based on the SUNY system affirmative response.)

**Uploaded Documents**

**User Uploaded Document Names** NSCMOVEitBreachNotificationSUNYMonroeCommunityCollege.pdf

**In filing this complaint, I understand that:**

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**Signature** Eileen Wirley

**Date of Affirmation** 07-12-2023



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**Intake Id** 1-669066532  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Eileen  
**Last Name** Wirley  
**Title** Chief Information Officer  
**Your Firm/Organization Name** SUNY Monroe Community College  
**Street Address** 1000 East Henrietta Road  
**Address Line 2**  
**City/Town** Rochester  
**State** NY  
**Zip/Postal Code** 14623  
**Email Address** ewirley1@monroecc.edu  
**Phone Number** 585-292-3041

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** National Student Clearinghouse  
**Address Line 2** 2300 Dulles Station Blvd Ste 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number** 703-200-1549  
**Website** [www.studentclearinghouse.org](http://www.studentclearinghouse.org)  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Unknown/Not Determined

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 13000

New York State residents 13000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation NSC services all US-based higher education institutions

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Y

**Breach Dates**

Start date 2023-05-30

End date 2023-06-01

Date learned of unauthorized access to network 2023-06-16

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-28

Date affected consumers were notified 2023-07-12

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? Y

Provider Unknown

Duration Unknown

**Brief description of service**

Unknown

**Additional comments**

SUNY Monroe Community College is reporting a breach at a 3rd party vendor, National Student Clearinghouse (NSC). The National Student Clearinghouse is the responsible organization. Due to the potential impact to Monroe students, we are reporting this to ensure the NYS AG is made aware. Details regarding exactly which student data might have been accessed remains unknown at this time. The assessment by

NSC is ongoing and not expected to be completed for another 2-3 weeks. We expect NSC to provide notification to the affected students and to offer Identity Theft Protection services. (The form would not let me leave the date blank, so I put in today's date for "Date affected consumers were notified". I was also advised by the SUNY CISO to put Yes in the field Identity theft protection services offered, even though technically it has not happened yet. I also

indicated that consumer reporting agencies have been notified based on the SUNY system affirmative response.)

**Uploaded Documents**

**User Uploaded Document Names** NSCMOVEitBreachNotificationSUNYMonroeCommunityCollege.pdf

**In filing this complaint, I understand that:**

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature** Eileen Wirley

**Date of Affirmation** 07-12-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
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**Intake Id** 1-669331342  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Brandon  
**Last Name** Davis-Shannon  
**Title** Associate Vice President for Academic Affairs  
**Your Firm/Organization Name** Cayuga Community College  
**Street Address** 192 Franklin St  
**Address Line 2**  
**City/Town** Auburn  
**State** NY  
**Zip/Postal Code** 13021  
**Email Address** bdavissh@cayuga-cc.edu  
**Phone Number** 315-294-8498

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** National Student Clearinghouse  
**Address Line 2** 2300 Dulles Station Blvd Ste 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 12019  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number** 703-200-1549  
**Website** <https://www.studentclearinghouse.org/contact/>  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Social Security Number;Unknown/Not Determined;Other

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 100000

New York State residents 100000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation NSC services all US-based institutions of Higher Education

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Y

**Breach Dates**

Start date 2023-05-30

End date 2023-06-01

Date learned of unauthorized access to network 2023-06-16

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-29

Date affected consumers were notified 2023-07-11

Manner of Notification to Affected Persons Electronic

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

Identity theft protection service offered? Y

Provider Unknown

Duration Unknown

**Brief description of service**

Unknown

**Additional comments**

Cayuga CC, as part of SUNY, is reporting a breach at a 3rd party vendor, National Student Clearinghouse (NSC). The National Student Clearinghouse is the responsible organization. Due to the potential impact to students, we are reporting this to ensure the NYS AG is made aware. Details regarding exactly which SUNY student data might have been accessed remains unknown at this time. The assessment by NSC is ongoing and not expected to be completed for another 2-3 weeks. Due to the nature of the impact, we are not able to independently verify any impacted individuals.

**In filing this complaint, I understand that:**

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This submission will be shared with the New York Department of State. You must provide separate notice to the

New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature**

Brandon Davis-Shannon

**Date of Affirmation**

07-13-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

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<http://www.ag.ny.gov>

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**Intake Id** 1-669291602  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Leland  
**Last Name** Hach  
**Title** CIO  
**Your Firm/Organization Name** SUNY Orange  
**Street Address** 115 South St  
**Address Line 2**  
**City/Town** Middletown  
**State** NY  
**Zip/Postal Code** 10940  
**Email Address** lelandhach1@sunyorange.edu  
**Phone Number** 845-341-4012

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** National Student Clearinghouse  
**Address Line 2** 2300 Dulles Station Blvd Ste 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 12019  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number** 703-200-1549  
**Website** <https://www.studentclearinghouse.org/contact/>  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Social Security Number;Unknown/Not Determined;Other

Is the entity a "Covered Entity" required to provide notice N  
to the U.S. Department of Health and Human Services  
under 45 C.F.R. § 164-408?

Total (including NYS residents) 100000

New York State residents 100000

Do you believe that this security breach was part of a Y  
larger breach that likely affected other organizations?

Please provide brief explanation NSC services all US based institutions of Higher  
Education

If the number of NYS residents exceeds 5,000, have the Y  
consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-05-30

End date 2023-06-01

Date learned of unauthorized access to network 2023-06-16

Date learned private information was accessed or 2023-06-29  
acquired (as defined by General Business Law 899-aa(b))

Date affected consumers were notified 2023-07-11

Manner of Notification to Affected Persons Written;Electronic

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

Identity theft protection service offered? Y

Provider Unknown

Duration Unknown

**Brief description of service**

Unknown

**Additional comments**

SUNY Orange is reporting a breach at a 3rd party vendor, National Student Clearinghouse (NSC). The National Student Clearinghouse is the responsible organization. Due to the potential impact to students, SUNY Orange is reporting this to ensure the NYS AG is made aware. Details regarding exactly which SUNY Orange student data might have been accessed remains unknown at this time. The assessment by NSC is ongoing and not expected to be completed for another 2-3 weeks.

**In filing this complaint, I understand that:**

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This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-



7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature**

Leland Hach

**Date of Affirmation**

07-13-2023

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STATE OF NEW YORK DEPARTMENT OF LAW



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**Intake Id** 1-670626582  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Romeyn  
**Last Name** Prescott  
**Title** Chief Information Officer  
**Your Firm/Organization Name** Fulton-Montgomery Community College  
**Street Address** 2805 State Highway 67  
**Address Line 2**  
**City/Town** Johnstown  
**State** NY  
**Zip/Postal Code** 12095  
**Email Address** rprescott@fmcc.edu  
**Phone Number** 315-212-2664

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** 2300 Dulles Station Blvd.  
**Address Line 2** Suite 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: UNKNOWN NOT DETERMINED)  
**Information Accessed/Acquired**

Unknown/Not Determined

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 2100

New York State residents 2100

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation It is well publicized.

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-05-27

End date 2023-06-16

Date learned of unauthorized access to network 2023-06-28

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-28

Date affected consumers were notified 2023-07-14

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? N

**Additional comments**

We are still waiting to receive details from NSC as to who has actually been affected. Communication to affected users cannot happen until we know who they are.

**Uploaded Documents**

User Uploaded Document Names TranscriptServices.pdf  
NationalStudentClearinghouseemail.pdf

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This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

Signature Romeyn Prescott

**Date of Affirmation**

07-14-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



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**Intake Id** 1-671556152  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Patrick  
**Last Name** Ryan  
**Title** Vice President of Administration  
**Your Firm/Organization Name** SUNY Schenectady County Community College  
**Street Address** 78 Washington Avenue  
**Address Line 2**  
**City/Town** Schenectady  
**State** NY  
**Zip/Postal Code** 12305  
**Email Address** ryanpc@sunysccc.edu  
**Phone Number** 518-381-1227

**Entity that experienced the Breach**

**Entity Name** SUNY Schenectady County Community College  
**Street Address** 78 Washington Avenue  
**Address Line 2**  
**City/Town** Schenectady  
**State** NY  
**Zip/Postal Code** 12305  
**Email Address** ryanpc@sunysccc.edu  
**Phone Number** 518-381-1200  
**Website** <https://www.sunysccc.edu>  
**Organization type** Education  
**Organization size** 501+

**Breach Details**

**Description of Breach**  
Other(Description: Third-party systems breach involving MOVEit Transfer. See Exhibit 1. )  
**Information Accessed/Acquired**

Unknown/Not Determined

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 150

New York State residents 150

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation See Exhibit 1.

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-05-29

End date 2023-05-30

Date learned of unauthorized access to network 2023-06-23

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-23

Date affected consumers were notified 2023-07-17

Manner of Notification to Affected Persons Electronic

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

Identity theft protection service offered? Y

Provider

Duration

Brief description of service

Additional comments

See Exhibit 1. We have this information for TIAA, but not for NSC at this time.

**Uploaded Documents**

User Uploaded Document Names OAGNYOnlineFormReportingDataBreachAttachment.pdf

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**Signature**

Patrick C. Ryan

**Date of Affirmation**

07-17-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



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**Intake Id** 1-675352332  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** David  
**Last Name** Dzwonkowski  
**Title** Director Business Affairs  
**Your Firm/Organization Name** SUNY College of Environmental Science and Forestry  
**Street Address** One Forestry Drive  
**Address Line 2**  
**City/Town** Syracuse  
**State** NY  
**Zip/Postal Code** 13210  
**Email Address** drdzwonk@esf.edu  
**Phone Number** 315-470-6642

**Entity that experienced the Breach**

**Entity Name** National Student Clearinghouse  
**Street Address** 2300 Dulles Station Blvd, Suite 220  
**Address Line 2**  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address** jramsey@studentclearinghouse.org  
**Phone Number** 703-200-1549  
**Website** <https://www.studentclearinghouse.org/contact>  
**Organization type** Charity/Not-For-Profit  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: UNKNOWN NOT DETERMINED)  
**Information Accessed/Acquired**



Social Security Number;Unknown/Not Determined

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 100000

New York State residents 100000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation Connected to MOVEit software used by the NSC who services all US-based higher education institutions.

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

**Breach Dates**

Start date 2023-05-30

End date 2023-05-31

Date learned of unauthorized access to network 2023-06-28

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-06-28

Date affected consumers were notified 2023-07-20

**Manner of Notification to Affected Persons**

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

Identity theft protection service offered? N

**Additional comments**

I made up information for some lines to complete required fields but the reality is that the NSC is still performing their forensic investigations. We have been told that student data may have been accessed, but they are still an estimated two weeks from being able to provide specifics. I was not sure how to convey this because this form does not offer the flexibility to properly explain what is known as of today. If there is a better method to report what we currently know. please advise. Also, SUNY Administration communicated that they filed a report on behalf of all campuses, so I am not sure if this notification was necessary.

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210 of the Penal Law.

**Signature**

David Dzwonkowski

**Date of Affirmation**

07-23-2023

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STATE OF NEW YORK DEPARTMENT OF LAW



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**Intake Id** 1-676351652  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Tawana  
**Last Name** Johnson  
**Title** Partner  
**Your Firm/Organization Name** Lewis Brisbois Bisgaard & Smith  
**Street Address** 600 Peachtree Street N.E. Suite 4700  
**Address Line 2**  
**City/Town** Atlanta  
**State** GA  
**Zip/Postal Code** 30308  
**Email Address** tawana.johnson@lewisbrisbois.com  
**Phone Number** 404-470-2089

**Entity that experienced the Breach**

**Entity Name** Teachers' Retirement System of the City of New York  
**Street Address** 55 Water Street  
**Address Line 2**  
**City/Town** New York  
**State** NY  
**Zip/Postal Code** 10041  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Government  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Social Security Number

Is the entity a "Covered Entity" required to provide notice N  
to the U.S. Department of Health and Human Services  
under 45 C.F.R. § 164-408?

Total (including NYS residents) 93298

New York State residents 64666

Do you believe that this security breach was part of a Y  
larger breach that likely affected other organizations?

Please provide brief explanation MOVEit Vulnerability

If the number of NYS residents exceeds 5,000, have the Y  
consumer reporting agencies been notified?

**Breach Dates**

Start date 2023-05-29

End date 2023-05-30

Date learned of unauthorized access to network 2023-06-06

Date learned private information was accessed or 2023-06-20  
acquired (as defined by General Business Law 899-aa(b))

Date affected consumers were notified 2023-07-18

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? Y

Provider Kroll

Duration 24 months

**Brief description of service**

Single Bureau Credit Monitoring services at no charge, fraud consultation, and identity theft  
restoration

**Additional comments**

On or about June 6, 2023, TRS was notified that its third-party vendor PBI Research Services ("PBI")  
was impacted by a data security incident. PBI uses the MOVEit Transfer software to securely transfer  
files in the normal course of its business operations. Progress Software, the provider of the MOVEit  
Transfer software disclosed a vulnerability in the software had been exploited by an unauthorized  
third party. As a result, some of TRS' data that had been provided to PBI was accessed and  
downloaded by the unauthorized third party.

As of this writing, TRS has not received any reports  
of related identity theft since the date of the incident (May 29, 2023 to present).

**Uploaded Documents**

User Uploaded Document Names TRSNYCadultnotificationletter.PDF  
TRSNYCDeceasednotificationletter.PDF

**In filing this complaint, I understand that:**

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Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature**

Tawana Johnson

**Date of Affirmation**

07-25-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



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28 Liberty Street  
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Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

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**Intake Id** 1-677180822  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Monica  
**Last Name** Papagni  
**Title** Director  
**Your Firm/Organization Name** Jefferson CC  
**Street Address** 1220 Coffeen St  
**Address Line 2**  
**City/Town** Watertown  
**State** NY  
**Zip/Postal Code** 13601  
**Email Address** mpapagni@sunyjefferson.edu  
**Phone Number** 315-786-2301

**Entity that experienced the Breach**

**Entity Name** National Student Clearing House  
**Street Address** 2300 Dulles Station Blvd  
**Address Line 2** Suite 220  
**City/Town** Herndon  
**State** VA  
**Zip/Postal Code** 20171  
**Email Address**  
**Phone Number**  
**Website** [www.studentclearinghouse.org](http://www.studentclearinghouse.org)  
**Organization type** Education  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: OTHER)  
**Information Accessed/Acquired**

Unknown/Not Determined

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 2350

New York State residents 2000

Do you believe that this security breach was part of a larger breach that likely affected other organizations? Y

Please provide brief explanation NSC Moveit incident

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

#### Breach Dates

Start date 2023-05-30

End date 2023-05-30

Date learned of unauthorized access to network 2023-07-07

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2023-07-07

Date affected consumers were notified 2023-07-26

#### Manner of Notification to Affected Persons

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

Identity theft protection service offered? Y

Provider

Duration

Brief description of service

#### Additional comments

NSC is required to notify and are still researching extent of the incident. NSC has specified they will offer Identity Protection to affected users.

#### Uploaded Documents

User Uploaded Document Names NationalStudentClearinghousefaq.pdf  
NSCIncidentNotification.docx

#### In filing this complaint, I understand that:

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature**

Monica Papagni

**Date of Affirmation**

07-26-2023



OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
Tel: (212)416-8433 | Fax (212)416-8369

Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

---

**Intake Id** 1-687368402  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Chris  
**Last Name** Stanley  
**Title** ISO  
**Your Firm/Organization Name** OMH  
**Street Address** 44 Holland Ave.  
**Address Line 2**  
**City/Town** Albany  
**State** NY  
**Zip/Postal Code** 12209  
**Email Address** chris.stanley@omh.ny.gov  
**Phone Number** 518-402-4252

**Entity that experienced the Breach**

**Entity Name** CREEDMOOR PSYCHIATRIC CENTER  
**Street Address** 79-25 Winchester Blvd.  
**Address Line 2**  
**City/Town** Queens Village  
**State** NY  
**Zip/Postal Code** 11427  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Health  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
Inadvertent Disclosure  
**Information Accessed/Acquired**

Biometric Information

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 1

New York State residents 1

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

Breach Dates

Start date 2021-07-08

End date 2021-07-08

Date learned of unauthorized access to network 2021-07-08

Date learned private information was accessed or acquired (as defined by General Business Law 899-aa(b)) 2021-07-08

Date affected consumers were notified 2021-09-02

Manner of Notification to Affected Persons Electronic

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

Identity theft protection service offered? Y

Provider

Duration

Brief description of service

Additional comments

NOTE: Patient notification was completed within 60-day timeframe.

Uploaded Documents

User Uploaded Document Names HHSBreachRRBBMPFK9K.pdf

In filing this complaint, I understand that:

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

Signature Chris Stanley

**Date of Affirmation**

08-10-2023

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
Tel: (212)416-8433 | Fax (212)416-8369

Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

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**Intake Id** 1-409171292  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Carolyn  
**Last Name** Purwin Ryan  
**Title** Partner  
**Your Firm/Organization Name** Mullen Coughlin LLC  
**Street Address** 426 W. Lancaster Ave.  
**Address Line 2** Suite 200  
**City/Town** Devon  
**State** PA  
**Zip/Postal Code** 19333  
**Email Address** cpurwinryan@mullen.law  
**Phone Number** 267-930-6836

**Entity that experienced the Breach**

**Entity Name** The City of Fulton, New York  
**Street Address** 141 South First Street  
**Address Line 2**  
**City/Town** Fulton  
**State** NY  
**Zip/Postal Code** 13069  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Government  
**Organization size** 101 to 500

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: null)  
**Information Accessed/Acquired**

Social Security Number;Driver License Number/Non-Driver ID;Financial Account Information (including Payment Cards);Biometric Information;Username/Email Address and Password;Other

**Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408?**

**Total (including NYS residents)** 28282

**New York State residents** 27287

**Do you believe that this security breach was part of a larger breach that likely affected other organizations?** N

**If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?** Y

**Breach occurred from** 2021-11-01

**Breach occurred to** 2021-11-04

**Breach discovered** 2022-09-02

**Consumer notification date** 2022-09-30

**Manner of Notification to Affected Persons** Written

**List dates of any previous (within 12 months) breach notifications** 02/16/2022

**Identity theft protection service offered?** Y

**Provider** Equifax

**Duration** 12 months

**Brief description of service**

Complimentary access to identity restoration, fraud consultation, and credit monitoring

**Additional comments**

Please see Exhibit 1

## Uploaded Documents

**User Uploaded Document Names** CityofFultonNYExhibit1NoticeofDataEvent.pdf

## In filing this complaint, I understand that:

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

**Signature** Carolyn Purwin Ryan

**Date of Affirmation** 09-30-2022

OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

STATE OF NEW YORK DEPARTMENT OF LAW



BUREAU OF INTERNET & TECHNOLOGY  
28 Liberty Street  
New York, NY 10005  
Tel: (212)416-8433 | Fax (212)416-8369

Consumer Hotline  
(800)771-7755  
TDD (800)788-9898  
<http://www.ag.ny.gov>

---

**Intake Id** 1-417413692  
**User Selected Option for Form Submission** You are a New York State government agency or entity reporting a data breach.

**Your Information**

**First Name** Colin  
**Last Name** Battersby  
**Title** Attorney  
**Your Firm/Organization Name** McDonald Hopkins  
**Street Address** 39533 Woodward Avenue  
**Address Line 2** Suite 318  
**City/Town** Bloomfield Hills  
**State** MI  
**Zip/Postal Code** 48304  
**Email Address** cbattersby@mcdonaldhopkins.com  
**Phone Number** 248-593-2952

**Entity that experienced the Breach**

**Entity Name** Mattituck-Cutchogue Union Free School District  
**Street Address** 385 Depot Lane  
**Address Line 2**  
**City/Town** Cutchogue  
**State** NY  
**Zip/Postal Code** 11935  
**Email Address**  
**Phone Number**  
**Website**  
**Organization type** Education  
**Organization size** 51 to 100

**Breach Details**

**Description of Breach**  
External Systems Breach (i.e., Hacking)(Type of attack: VIRUS)  
**Information Accessed/Acquired**

Social Security Number;Driver License Number/Non-Driver ID

Is the entity a "Covered Entity" required to provide notice to the U.S. Department of Health and Human Services under 45 C.F.R. § 164-408? N

Total (including NYS residents) 19

New York State residents 18

Do you believe that this security breach was part of a larger breach that likely affected other organizations? N

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? N

Breach occurred from 2022-07-07

Breach occurred to 2022-07-07

Breach discovered 2022-09-26

Consumer notification date 2022-10-26

Manner of Notification to Affected Persons Written

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

Identity theft protection service offered? Y

Provider TransUnion

Duration 12 Months

Brief description of service

Credit monitoring and restoration services.

Additional comments

## Uploaded Documents

User Uploaded Document Names MattituckCutchogueUFSDNoticeLetterSSNredacted107543342x7AB84.pdf

## In filing this complaint, I understand that:

The Attorney General may share information contained in this notification with other state, local and/or federal government agencies to coordinate law enforcement. In addition, the Attorney General may use information contained in this notification in legal proceedings to establish potential violations of law. Any false statements made in this submission are punishable under law, including as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

This submission will be shared with the New York Department of State. You must provide separate notice to the New York State Office of Information Technology Services, as required by New York State Technology Law § 208-7(a).

Any false statements made in this notification are punishable as crimes, including under Section 175 and/or Section 210 of the Penal Law.

Signature

DonaldBrewer

**Date of Affirmation**

11-01-2022



# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Frewsburg Central School District  
Street Address: 26 Institute St. PO BOX 690  
City: Frewsburg, State: NY Zip Code: 14738

**Submitted by:** Shelly O'Boyle Title: Superintendent Dated: 11/30/2023  
Firm Name (if other than entity):  
Telephone: 716-569-7041 Email: soboyle@frewsburgcsd.org  
Relationship to Entity whose information was compromised: Chief Executive Officer

**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): 1 NYS Residents: 1  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 11/27/2023 Breach Discovered: 11/27/2023 Consumer Notification: 11/30/2023

**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.

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

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_  
Brief Description of Service: \_\_\_\_\_

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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Enterprise Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 1st Floor  
Albany, NY 12226  
Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Holland Central School District  
Street Address: 103 Canada Street  
City: Holland State: NY Zip Code: 14080

**Submitted by:** Michelle Krieger Title: Tech Coordinator/DPO Dated: 5/23/2022  
Firm Name (if other than entity):  
Telephone: 716-537-8265 Email: mkrieger@hollandcsd.org  
Relationship to Entity whose information was compromised: colleague

**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): 30 NYS Residents: Yes  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 5/20/22 Breach Discovered: 5/20/22 Consumer Notification: 5/23/22

**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.  
List dates of any previous (within 12 months) breach notifications: none

**Identify Theft Protection Service Offered:**  Yes;  No.  
Duration: Provider:  
Brief Description of Service:

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Enterprise Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 1st Floor

Albany, NY 12226

Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

New York State ITS, New York State DMV, Warren County

Street Address: 1340 State Route 9

City: Lake George State: New York Zip Code: 12845

**Submitted by:** Elizabeth Burke Title: Supervising DSS Investigator Dated: 10/23/2023

Firm Name (if other than entity): \_\_\_\_\_

Telephone: (518)761-7625 Email: Elizabeth.Burke@dfa.state.ny.us

Relationship to Entity whose information was compromised: Local County Employee

**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): 1 NYS Residents: 1

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: Sometime between 9/1/2023 and 10/6/2023 Breach Discovered: 10/21/2023

Consumer Notification: Consumer notified me

**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): Suspected purposeful disclosure

It is suspected that [REDACTED] accessed the NYS DMV Motor Vehicle Record Search (permission granted to him for his use as a government agent) to obtain the Driver's Abstract of [REDACTED] which was then transmitted to June Maxam, journalist for the North Country Gazette, who then printed said Abstract in the North Country Gazette. It is suspected that he may have been requested to do so by his superior, [REDACTED]. It is further suspected that Michael and/or Linda may have used State/County computer equipment and software to obtain this information and may have utilized State email to communicate the request and/or transmit the document to Ms. Maxam.

**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.

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

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Enterprise Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 1st Floor  
Albany, NY 12226  
Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)



# Department of Social Services

*Eileen Tiberio  
Commissioner*

*Human Services Facility  
3010 County Complex Drive  
Canandaigua, New York 14424*

*Deputy Commissioners  
Andrea McGraw  
Phillip Personale*

*Telephone: (585) 396-4015  
Or 1-877-814-6907*

*Facsimile: (585) 396-4528*

November 7, 2023



RECEIVED  
NOV 16 2023  
NYS ATTORNEY GENERAL  
Correspondence / Public Info.

**RE: Notification of Breach of Personal and Private Information**

Dear 

I am writing to inform you of a recent inadvertent breach of your personal and private information to a person not authorized to receive access to your information. This notification is sent pursuant to the New York State Information and Security Breach and Notification Act.

The County has identified that the personal information that was inadvertently disclosed included your name, address, the last 4 digits of your Social Security number, your date of birth, your gender, your Social Services case number and your SIN number.

**As a result of this breach Ontario County will provide you with two years of complimentary credit monitoring and identity protection services through LifeLock. Please contact LifeLock directly to make arrangements for credit monitoring. Please send me proof of your coverage and of your payment, and I will authorize reimbursement for you.**

It is also advised that you review your account statements and credit reports regularly for any unauthorized activity. You should immediately report any unusual activity to your financial institution. You can also contact the three major credit bureaus to place a "fraud alert" on your file at no cost, which alerts creditors to contact you before they open a new credit account under your Social Security number.

To place a fraud alert on your credit reports, contact one of the three major credit reporting agencies at the appropriate number listed below or via their website. One agency will notify the other two on your behalf. You will then receive letters from the agencies with instructions on how to obtain a free copy of your credit report from each.

- Equifax (888)766-0008 or [www.fraudalert.equifax.com](http://www.fraudalert.equifax.com)
- Experian (888) 397-3742 or [www.experian.com](http://www.experian.com)
- TransUnion (800) 680-7289 or [www.transunion.com](http://www.transunion.com)

You can also consider placing a Security Freeze on your credit reports. A Security Freeze prevents most potential creditors from viewing your credit reports and therefore, further restricts the opening of

unauthorized accounts. For more information on placing a security freeze on your credit reports, please go to the New York Department of State Division of Consumer Protection website at <https://dos.nysits.acsitefactory.com/consumer-protection>.

Even if you do not find signs of fraud on your credit reports, we recommend that you remain vigilant in reviewing your credit reports from the three major credit reporting agencies. You may obtain a free copy of your credit report once every 12 months by visiting [www.annualcreditreport.com](http://www.annualcreditreport.com), calling toll-free 877-322-8228 or by completing an Annual Credit Request Form at: [www.ftc.gov/bcp/menus/consumer/credit/rights.shtm](http://www.ftc.gov/bcp/menus/consumer/credit/rights.shtm) and mailing to:

Annual Credit Report Request Service,  
P.O. Box 1025281  
Atlanta, GA 30348-5283

If you have any questions that I can assist you with, please do not hesitate to contact me.

Sincerely,

*Eileen Tiberio*

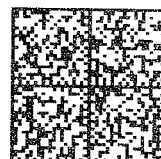
Eileen Tiberio, Commissioner

CC: ✓ New York State Attorney General  
New York State Police – Cybercrime Division  
New York Department of State  
New York State Information Technology



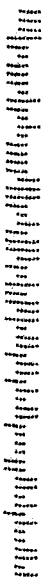
ONTARIO COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
3010 COUNTY COMPLEX DRIVE  
CANANDAIGUA, NEW YORK 14424-9502

NYS Attorney General  
The Capitol  
Albany, New York 12224-0341



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**NEW YORK STATE SECURITY BREACH REPORTING FORM**  
Pursuant to the Information Security Breach and Notification Act  
(General Business Law §899-aa)

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

The New York Racing Association, Inc.  
Street Address: 110-00 Rockaway Blvd  
City: Jamaica State: NY Zip Code: 11417

**Submitted by:** Joi Garner Title: SVP, General Counsel and Corporate Secretary Dated: 9.2.2022

Firm Name (if other than entity): \_\_\_\_\_

Telephone: 718-659-2349 Email: jgarner@nyrainc.com

Relationship to Entity whose information was compromised: Employee

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

**Number of Persons Affected:**

Total (Including NYS residents): 1,226 NYS Residents: 1,129

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes  No N/A

**Dates:** Breach Occurred: June 30, 2022 Breach Discovered: June 30, 2022 Consumer Notification: No customer information was compromised, Employee information compromised and notification began August 25, 2022.

**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

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

**Identify Theft Protection Service Offered:**  Yes  No

Duration: 24 month Provider: Experian's@ IdentityWorksSM

Brief Description of Service: Credit Monitoring Identity restoration and identity theft insurance

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

Fax or Email this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway - 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Division of State Police**

SECURITY BREACH NOTIFICATION

New York State Intelligence Center

31 Tech Valley Drive, Second Floor

East Greenbush, NY 12061

Fax: 518-786-9398

Email: [risk@nysic.ny.gov](mailto:risk@nysic.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, New York 12231

Fax: (518) 473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

**NEW YORK STATE SECURITY BREACH REPORTING FORM**  
**Pursuant to the Information Security Breach and Notification Act**  
**(State Technology Law §208)**

**Name and address of Entity that owns or licenses the computerized data that was subject to the breach:**  
Empire State Development  
Street Address: 633 Third Avenue  
City: New York State: Ny Zip Code: 10016

**Submitted by:** Felisa Hochheiser Title: Director of Compliance Dated: 2-28-24  
Firm Name (if other than entity): \_\_\_\_\_  
Telephone: 212-803-3650 Email: felisa.hochheiser@esd.ny.gov  
Relationship to Entity whose information was compromised: Employee

**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): 20 NYS Residents: 20  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 6/5/23 Breach Discovered: 8-16-23 Consumer Notification: 2-28-2024

**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.  
List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_

**Identify Theft Protection Service Offered:**  Yes;  No.  
Duration: \_\_\_\_\_ Provider: \_\_\_\_\_  
Brief Description of Service: \_\_\_\_\_

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

The City University of New York (CUNY); New York City College of Technology (City Tech)

Street Address: 300 Jay Street

City: Brooklyn State: NY Zip Code: 11201

**Submitted by:** Ellen Jittrarachit Title: Associate General Counsel Dated: 5/26/2022

Firm Name (if other than entity): The City University of New York (CUNY)

Telephone: 646-664-9222 Email: Ellen.Jittrarachit@cuny.edu

Relationship to Entity whose information was compromised: City Tech is a constituent college in the CUNY system

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

**Number of Persons Affected:**

Total (Including NYS residents): unknown/TBD NYS Residents: unknown/TBD

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? [ ] Yes; [X] No.

**Dates:** Breach Occurred: TBD Breach Discovered: 5/12/2022 Consumer Notification: 5/27/2022

**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; [X] External system breach (e.g., hacking); [ ] Inadvertent disclosure;

[X] Other (specify): Ransomware attack

**Information Acquired:** Name or other personal identifier in combination with (please select all that apply):

[ ] Social Security Number

[X] Driver's license number or non-driver identification card number - Only 1 NYS Resident affected, to date.

[ ] Financial account number or credit or debit card number, in combination with the security code, access code,

password, or PIN for the account [X] other: employment applications containing: names, addresses, phone/email. Total affected- unknown

**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**

[X] Written; [ ] Electronic; [ ] Telephone; [ ] Substitute notice.

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

**Identify Theft Protection Service Offered:** [X] Yes; [ ] No.

Duration: TBD Provider: TBD

Brief Description of Service: free credit monitoring services

Please note: The investigation is still ongoing. In an abundance of caution and as a matter of best practice, New York City College of Technology sent letters to all faculty/staff in the Architectural Technology Department, where the malware attack occurred. If/when the College becomes aware of any other breaches, additional notifications will be sent to those affected.

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Enterprise Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 1st Floor

Albany, NY 12226

Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Vibrant Emotional Health – Geriatric ACT Program  
Street Address: 2488 Grand Concourse, Suite 300-301  
City: Bronx State: NY Zip Code: 10458

**Submitted by:** Lisa Jones Chandler Title: Chief Compliance & Quality Officer

Dated: February 29, 2024

Firm Name (if other than entity):

Telephone: 212-614-5782 Email: LJones@vibrant.org

Relationship to Entity whose information was compromised:

**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): 73 NYS Residents: 73

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 12/16/2022 Breach Discovered: 01/04/2023 Consumer Notification: 03/06/2023

**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  
 Other: date of birth, admission and discharge dates

**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**

Written;  Electronic;  Telephone;  Substitute notice.

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

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: Provider:

Brief Description of Service:



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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Chief Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 4th Floor  
Albany, NY 12226  
Email: [ciso@its.ny.gov](mailto:ciso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Suffolk County

Street Address: 100 Veterans Memorial Highway

City: Hauppauge State: NY Zip Code: 11788

**Submitted by: Dennis Cohen Title: Attorney Dated: September 20, 2022**

Firm Name (if other than entity): Nixon Peabody LLP

Telephone: 631-532-7380 Email: dcohenesq@optonline.net

Relationship to Entity whose information was compromised: Suffolk County Attorney

**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): **Unknown** NYS Residents: **Unknown**

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**While our investigation is ongoing, it appears that numerous documents/files were acquired from at least one county agency server. If warranted, we shall notify the consumer reporting agencies.**

**Dates:** Breach Occurred: **Unknown** Breach Discovered: **9/8/2022** Consumer Notification: **TBD**

**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

Unknown at this time

**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**

Written;  Electronic;  Telephone;  Substitute notice.

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

**We intend to notify the affected individuals promptly via written notice or, if appropriate, via substitute notice. We**

will supplement this form with a template notice once finalized.

**Identify Theft Protection Service Offered:** [  ] Yes; [  ] No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

**Suffolk County will promptly determine whether Identity Theft Protection Services are warranted based on the outcome of its investigation.**

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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Enterprise Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 1st Floor  
Albany, NY 12226  
Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

\_\_\_\_\_ Joint Commission on Public Ethics \_\_\_\_\_  
Street Address: \_\_\_540 Broadway\_\_\_\_\_ \_\_\_\_\_  
City: \_\_\_Albany\_\_\_\_\_ State: \_\_\_NY\_\_\_\_\_ Zip Code: \_\_\_12207\_\_\_\_\_

**Submitted by:** \_\_\_Carol Quinn\_\_\_\_\_ Title: \_\_\_Deputy Director of Lobbying\_\_\_ Dated: \_\_\_05/31/2022\_\_\_

Firm Name (if other than entity): same \_\_\_\_\_

Telephone: \_\_\_\_\_518-408-3976\_\_\_\_\_ Email: \_\_\_carol.quinn@jcope.ny.gov\_\_\_\_\_

Relationship to Entity whose information was compromised: \_\_\_\_\_Employee\_\_\_\_\_

**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): \_\_\_\_\_48,000\_\_\_ NYS Residents: \_\_\_\_\_48,000\_\_\_\_\_

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? [  ] Yes; [  ] No.

**Dates:** Breach Occurred: \_\_\_02/17/2022\_\_\_ Breach Discovered: \_\_\_02/21/2022\_\_\_ Consumer

Notification: \_\_\_05/27/2022\_\_\_\_\_

**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.

List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_n/a\_\_\_\_\_

**Identify Theft Protection Service Offered:** [  ] Yes; [  ] No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Enterprise Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 1st Floor  
Albany, NY 12226  
Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Suffolk County

Street Address: 100 Veterans Memorial Highway

City: Hauppauge State: NY Zip Code: 11788

**Submitted by:** Dennis Cohen Title: Attorney Dated: December 19, 2022

Firm Name (if other than entity):

Telephone: 631-853-5787 Email: dennis.cohen@suffolkcountyny.gov

Relationship to Entity whose information was compromised: Suffolk County Attorney

**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): **Unknown** NYS Residents: **Unknown**

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

The investigation remains ongoing.

**Dates:** Breach Occurred: **Unknown** Breach Discovered: 9/8/2022 Consumer Notification: 11/21/22 (substitute notice); 12/7/22 (written notice)

**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

Unknown at this time

The investigation remains ongoing.

**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**

Written;  Electronic;  Telephone;  Substitute notice.

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

We have provided substitute notice through state-wide newspapers including the New York Times and Newsday. We have also posted on Suffolk County's website at [suffolkcountyny.gov](http://suffolkcountyny.gov) and on [suffolkcounty.kroll.com](http://suffolkcounty.kroll.com). On December 7, 2022, we provided written notice to individuals who may have had affected Social Security Numbers. A sample of the written notice is attached.

**Identify Theft Protection Service Offered:** [ X ] Yes; [ ] No.

Duration: 12 months Provider: Kroll

Brief Description of Service: 3 bureau credit monitoring

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Enterprise Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 1st Floor

Albany, NY 12226

Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Suffolk County

Street Address: 100 Veterans Memorial Highway

City: Hauppauge State: NY Zip Code: 11788

**Submitted by:** Dennis Cohen Title: Attorney Dated: November 30, 2022

Firm Name (if other than entity):

Telephone: 631-853-5787 Email: dennis.cohen@suffolkcountyny.gov

Relationship to Entity whose information was compromised: Suffolk County Attorney

**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): **Unknown** NYS Residents: **Unknown**

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

The investigation remains ongoing.

**Dates:** Breach Occurred: **Unknown** Breach Discovered: 9/8/2022 Consumer Notification: 11/21/22

**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

Unknown at this time

The investigation remains ongoing.

**Manner of Notification to Affected Persons** - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:

Written;  Electronic;  Telephone;  Substitute notice.

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



We have provided substitute notice through state-wide newspapers including the New York Times and Newsday. We have also posted on Suffolk County's website at [suffolkcountyny.gov](http://suffolkcountyny.gov) and on [suffolkcounty.kroll.com](http://suffolkcounty.kroll.com).

**Identify Theft Protection Service Offered:** [ X ] Yes; [ ] No.

Duration: 12 months Provider: Kroll

Brief Description of Service: 3 bureau credit monitoring

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Enterprise Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 1st Floor

Albany, NY 12226

Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Holland Central School District  
Street Address: 103 Canada Street  
City: Holland State: NY Zip Code: 14080

**Submitted by:** Michelle Krieger Title: Technology Coordinator /DPO Dated: 11/17/2022

Firm Name (if other than entity)

Telephone: 716-537-8265 Email: mkrieger@hollandcsd.org

Relationship to Entity whose information was compromised: employee

**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): 24 NYS Residents: 24

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 10/14/2022 Breach Discovered: 11/16/2022 Consumer notification:

**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  
 Other – Included **student name, student address, student ID, student grade level, student courses, student course grades, and student attendance.**

**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**

Written;  Electronic;  Telephone;  Substitute notice.

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

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: Provider:

Brief Description of Service:

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Enterprise Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 1st Floor

Albany, NY 12226

Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

SUNY Schenectady County Community College  
Street Address: 78 Washington Avenue  
City: Schenectady State: NY Zip Code: 12305

**Submitted by:** Patrick Ryan Title: Vice President of Administration Dated: 4.26.24  
Firm Name (if other than entity):  
Telephone: 518.381.1227 Email: ryanpc@sunysccc.edu  
Relationship to Entity whose information was compromised: Same

**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:** Unknown at this time  
Total (Including NYS residents): \_\_\_\_\_ NYS Residents: \_\_\_\_\_  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: 4.18.24 Breach Discovered: 4.18.24 Consumer Notification: none yet

**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 Possibly SSN data; currently being investigated.  
 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:** Unknown at this time. Investigation underway  
 Written;  Electronic;  Telephone;  Substitute notice.  
List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_

**Identify Theft Protection Service Offered:**  Yes;  No.  
Duration: \_\_\_\_\_ Provider: \_\_\_\_\_ Unknown at this time  
Brief Description of Service: \_\_\_\_\_

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Chief Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 4th Floor

Albany, NY 12226

Email: [ciso@its.ny.gov](mailto:ciso@its.ny.gov)

**New York State Department of State Division of Consumer**

**Protection** Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

The State University of New York at Oswego (SUNY Oswego)

Street Address: 7060 State Route 104

City: Oswego

State: New York

Zip Code: 13126

**Submitted by:** Sean Moriarty Title: Chief Technology Officer Dated: March 28, 2024

Firm Name (if other than entity):

Telephone: 315-312-5500

Email: sean.moriarty@oswego.edu

Relationship to Entity whose information was compromised: Administration

**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): 74 NYS Residents: 63

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: June 16, 2023 Breach Discovered: November 7, 2023 Consumer Notification: scheduled April 3, 2024

**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.

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

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: 24 months Provider: Experian

Brief Description of Service: Credit Protection

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

**Fax or Email** this form to:

**New York State Attorney General's Office**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway, 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**

**Chief Information Security Office**

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 5, 4th Floor

Albany, NY 12226

Email: [ciso@its.ny.gov](mailto:ciso@its.ny.gov)

**New York State Department of State Division of Consumer**

**Protection** Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, NY 12231

Fax: 518-473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

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

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ Title: \_\_\_\_\_ Dated: \_\_\_\_\_

Firm Name (if other than entity): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Entity whose information was compromised: \_\_\_\_\_

**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): \_\_\_\_\_ NYS Residents: \_\_\_\_\_

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? [ ] Yes; [ ] No.

**Dates:** Breach Occurred: \_\_\_\_\_ Breach Discovered: \_\_\_\_\_ Consumer Notification: \_\_\_\_\_

**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.

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

**Identify Theft Protection Service Offered:** [ ] Yes; [ ] No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_



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

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Enterprise Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 1st Floor  
Albany, NY 12226  
Email: [eiso@its.ny.gov](mailto:eiso@its.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)