



STATE OF CONNECTICUT – DEPARTMENT OF SOCIAL SERVICES

BREACH RESOLUTION
(For Privacy Officer or Legal Counsel)

W-1703
(New 8/14)

CLIENT NAME:

CLIENT ID#:

TRACKING #:

NUMBER OF INDIVIDUALS AFFECTED:

DATE:

SUBMITTED BY:

SUMMARY OF INCIDENT:

SUMMARY OF RISK ASSESSMENT:

NOTIFICATION RECOMMENDATION:
Justification

NOTIFY CLIENT

DO NOT NOTIFY CLIENT

COMMISSIONER'S RESPONSE: **AGREE**
Comments: (if disagree or agree in part)

AGREE IN PART

DISAGREE

Commissioner, Department of Social Services

Send to: PrivacyOfficer.DSS@ct.gov

RESOLUTION BY PRIVACY OFFICER: