



## NOTIFICATION OF A CYBER EVENT

Please provide or attach detailed explanations in the boxes below that answer the following questions.

What was the date of the Cybersecurity Event?

How was the information exposed, lost, stolen, or breached, including the specific roles and responsibilities of Third-Party Service Providers, if any?

How was the Cybersecurity Event discovered?

Has any lost, stolen, or breached information been recovered and if so, how this was done? If not, what steps are being taken to recover this information?

Has the source of the Cybersecurity Event been identified, and if so, who was the source? If not, what steps are being taken to identify the source?

Was a police report been filed or has any regulatory, government, or law enforcement agencies been notified? If so, when was such notification provided?

What specific types of information were acquired without authorization? Specific types of information include particular data elements, e.g., types of medical information, types of financial information, or types of information allowing identification of the Consumer.

During what period was the Information System compromised by the Cybersecurity Event?

What is the number of total Consumers in this State affected by the Cybersecurity Event? Please provide the best estimate in this initial report and update this estimate with each subsequent report pursuant to this section.

What were the results of any internal review identifying a lapse in either automated controls or internal procedures, or confirming that all automated controls or internal procedures were followed?

Please describe efforts being undertaken to remediate the situation which permitted the Cybersecurity Event to occur.

Who is the contact person who is both familiar with the Cybersecurity Event and authorized to act on your behalf? Please include this person's contact information.

Once you have completed the above fields, click the box below to submit the form and the following requested documents. *(Note: when you click the box it will automatically attached your completed document.)*

1. A copy of the Event Notice you sent to Montana Consumers per MCA § 33-19-321.
2. A copy of your privacy policy along with a statement that outlines the steps being taken to investigate and notify Consumers affected by the Cybersecurity Event.

**To fill out and submit, please download the form to your computer and open from your desktop. Then, complete fillable areas and click the blue box above.**

***If the blue box does not work after downloading the form, email a completed form directly to [troy.smith@mt.gov](mailto:troy.smith@mt.gov)***