

Secure Health Information Technology Corp.

Last Updated: 01/15/2024

SECURITY PRIVACY and CONFIDENTIALITY PLAN

Index

Last Updated: 01/15/2024

Scope of Confidential Information Covered	4
Health Insurance Portability Accountability Act	4
Identification and Assessment of Risks to Confidential Information	4
Design and Implementation of Safeguards Program:	5
Security Plan Coordinators	5
Employee Management and Training	5
Physical Security	5
Information Systems	6
Definitions:	7
1. SYSTEM IDENTIFICATION	7
1.3. General Description/Purpose of System: What is the function/purpose of the sy	stem? 8
1.4. General Description of Information:	8
2. SYSTEM ENVIRONMENT	8
3. REQUIREMENTS	9
3.1. Access Control	9
3.2. Awareness and Training	12
3.3. Audit and Accountability	13
3.4. Configuration Management	14
3.5. Identification and Authentication	15
3.6. Incident Response	17
3.7. Maintenance	17
3.8. Media Protection	18
3.9. Personnel Security	19
3.10. Physical Protection	20
3.11. Risk Assessment	21
3.12. Security Assessment	21
3.13. System and Communications Protection	22
3.14. System and Information Integrity	24
4. RECORD OF CHANGES	25
Acreditations:	26
Security Plan for Confidential Information	27
Scope of Confidential Information Covered	27
This Information Security Plan provides mechanisms to:	27
Design and Implementation of Safeguards Program:	29
Security Plan Coordinators	29
Employee Management and Training	29
Physical Security	29
Information Systems	29

SECURITY PRIVACY and CONFIDENTIALITY PLAN Last Updated: 01/15/2024

Selection of Appropriate Service Providers	29
Notification of Security Incidents	30
Continuing Evaluation and Adjustment	30

This security plan describes SecureHIT's safeguards to protect confidential information belonging to patients in accordance with the Health Insurance Portability Accountability Act, SecureHIT implements the following policies and procedural safeguards to insure the security and privacy of confidential information.

Last Updated: 01/15/2024

Scope of Confidential Information Covered

Health Insurance Portability Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) requires SecureHIT to adhere to policies regarding private health information. HIPAA requires SecureHIT to maintain the privacy of your Protected Health Information (ePHI). We protect your ePHI from inappropriate use or disclosure. Our employees, and those companies that help us service patients and employees, are required to comply with our requirements that protect the confidentiality of ePHI. They may look at ePHI only when there is an appropriate and valid reason to do so. We will not disclose ePHI to any other company for their use in marketing their products.

This Information Security Plan provides mechanisms to:

Ensure the security and confidentiality of covered data and information;

Protect against anticipated threats or hazards to the security or integrity of such information; Protect against unauthorized access to or use of covered data and information that could result in substantial harm or inconvenience to any patience;

Identify and assess the risks that may threaten covered data and information maintained by SecureHIT:

Train employees on maintaining the privacy of covered ePHI data;

Implement and review the plan; and

Adjust the plan to reflect changes in technology, the sensitivity of covered ePHI data, information and internal or external threats to information security.

Identification and Assessment of Risks to Confidential Information

SecureHIT recognizes that it has both internal and external risks to the security of information covered under this policy. These risks include, but are not limited to:

Unauthorized access to covered data and information and educational records by someone other than the owner of the covered data and information;

Compromised system security as a result of system access by unauthorized persons;

Interception of data during transmission;

Loss of data integrity;

Physical loss of data in a disaster;

Errors introduced into the system;

Corruption of data or systems; Unauthorized access of covered data and information by employees; Unauthorized requests for covered ePHI data and information; and Unauthorized transfer of covered data and information through third parties.

SecureHIT recognizes that this may not be a complete list of the risks associated with the protection of covered data and information. Since technology growth is not static, new risks are created regularly. Accordingly, the Chief Information Security Officer, in consultation with the Chief Executive Officer, will actively monitor advisory groups such as the NIST, CISA, FTC, SBA, DHS for identification of new risks.

Last Updated: 01/15/2024

SecureHIT believes that ITs current safeguards are reasonable and, in light of current risk assessments and SecureHIT's compliance with procedural safeguards under the laws covered under this policy and any applicable state privacy laws, are sufficient to provide security and confidentiality to covered data and information maintained by SecureHIT. Additionally, these safeguards protect against currently anticipated threats or hazards to the integrity of such information.

Design and Implementation of Safeguards Program:

Security Plan Coordinators

The CEO, in consultation with the Information Systems Security Officer, will serve as the coordinator of this Plan. Together, they will assess the risks associated with unauthorized transfers of covered ePHI data and implement procedures to minimize those risks.

Employee Management and Training

SecureHIT checks references of new employees working in areas that regularly work with covered ePHI data.

During employee orientation, each new employee in these departments will receive proper training on the importance of confidentiality of patient's records, student and other types of covered ePHI data and information. Each new employee is also/will also be trained in the proper use of computer information and passwords. Training also includes controls and procedures to prevent employees from providing confidential information to an unauthorized individual, including how to properly dispose of documents that contain covered ePHI data and information. Each department responsible for maintaining covered ePHI data and information will be instructed to take steps to protect the information from destruction, loss or damage due to environmental hazards, such as fire and water damage or technical failures. These training efforts should help minimize risk and safeguard covered ePHI data and information security.

Physical Security

SecureHIT has addressed the physical security of the information with AWS Certifications.

SECURITY PRIVACY and CONFIDENTIALITY PLAN

Information Systems

Access to covered ePHI data via the information system is limited to those employees who have a legitimate reason. Each employee is assigned a username and password. Databases containing patients covered ePHI data, are available only to SecureHIT employees in appropriate positions.

Last Updated: 01/15/2024

Services such as Direct Messaging are protected by requiring a valid and verified user to provide a valid user username, password and MFA. If a user does not have a valid combination, they are not given access.

• Definitions:

ISO - Information Systems Officer.

1. SYSTEM IDENTIFICATION

1.1. System Name/Title: SecureHIT HIE

1.1.1. System Categorization: Moderate Impact for Confidentiality

1.1.2. System Unique Identifier: SecureHIT

1.2. Responsible Organization:

Name:	Janet Rios
Address:	California st #25 Casablanca Toa Alta, PR 00953
Phone:	787-562-7036

Last Updated: 01/15/2024

1.2.1. Information Owner:

Name:	Janet Rios
Title:	CEO
Office Address:	#25 California st Casablanca Toa Alta, PR 00953
Work Phone:	787-562-7036
e-Mail Address:	jrios@securehitpr.com

1.2.1.1.System Owner (assignment of security responsibility):

Name:	Samuel Rivera
Title:	Information Systems Administrator
Office Address:	Opalo st P16 urb Madelaine Toa Alta, PR 00953
Work Phone:	787-234-4330
e-Mail Address:	srivera@securehitpr.com

1.2.1.2. System Security Officer:

Name:	Jose A Miranda
ISSTitle:	ISSO
Office Address:	1129 Italia st
Work Phone:	7875533354
e-Mail Address:	jmiranda@securehitpr.com

1.3.General Description/Purpose of System: What is the function/purpose of the system?

Last Updated: 01/15/2024

Health Information Service Provider, HIE, EHR, Exchange Direct Secure Messages, FHIR exchange.

1.3.1. Number of end users and privileged users: 4

Roles of Users and Number of Each Type:

Number of Users	Number of Administrators/ Privileged Users
5	2

1.4. General Description of Information:

SecureHIT HIE Sends and Received Secure Direct Secure Messages, FHIR from EHRs, HIE's and another HISPs

2. SYSTEM ENVIRONMENT

SecureHIT servers are in a Virtual Private Cloud in Amazon Web Services AWS, both have share responsibility with AWS been responsible for Physical security, cooling, power, Physical redundancy while SecureHIT is responsible of the virtual security, access, information backups, etc, using linux servers, VPN server, firewalls, routers, switches.

2.1. Include or reference a <u>complete and accurate</u> listing of all hardware (a reference to the organizational component inventory database is acceptable) and software (system software and application software) components, including make/OEM, model, version, service packs, and person or role responsible for the component.

EC2 AWS Linux servers
AWS RDS Services
OpenVPN Server
The ISO is the person responsible.

2.2. List all software components installed on the system.

AWS Linux, RDS MySQL, DirectTrust Java reference Implementation, Apache Tomcat, Apache WebServer, Apache James, OpenVPN Server, SecureHIT API.

2.3. Hardware and Software Maintenance and Ownership - Is all hardware and software maintained and owned by the organization?

No, Physical and virtual Machines are property of AWS.

AWS Automatic security updates.

3. REQUIREMENTS

(Note: The source of the requirements is NIST Special Publication 800-53)

SecureHIT utilices Certificates, and a Direct Trust Certificate Bundle that provides a Secure environment to transmite Direct Secure Messages, FHIR and other secure protocols.

Last Updated: 01/15/2024

HIPAA federal and local Laws requirements

Certifications from EHNAC and DirectTrust.

Vetting of all System users.

Penetration testing by third party security.

MFA for user access to portals

User, password, certificate with Encrypted tunnel for access to data center.

Security Information Event Management (Siem).

Audit plan and controls.

Antivirus for equipment to access data center.

Plans and processes for exercising and maintaining plans are schedule on the ServiceDesk.

Annual update process for this Plan schedule on the ServiceDesk.

Data breach reporting processes are stated on policies and procedures.

Cybersecurity Awareness program schedule on ServiceDesk.

Entitlement Reviews schedule on ServiceDesk.

EHNAC - DirectTrust Privacy & Security: This program accredits organizations against our core criteria. These criteria address not only privacy and security, but customer service, business practices, personnel requirements, third-party cloud service providers, and more. This program is applicable for organizations with stakeholder-specific services that are not addressed by any of our other programs.

3.1.Access Control

3.1.1. Limit system access devices (including of	to authorized users, processes acting o her systems).	n behalf of authorized users, and
	☐ Planned to be Implemented uthentication limit system access to zed users, and devices (including other).	authorized users, processes
3.1.2. Limit system access permitted to execute.	to the types of transactions and function	ons that authorized users are
and the second s	☐ Planned to be Implemented uthentication limit system access to users are permitted to execute.	1.1

SECURITY PRIVACY and CONFIDENTIALITY PLAN

3.1.3.	Control the flow of CUI in	n accordance with approved author	rizations.
Token	lemented , MFA, OpenVPN Autherizations.	☐ Planned to be Implemented ntication control the flow of CUI	
3.1.4.	Separate the duties of indi	viduals to reduce the risk of malev	volent activity without collusion.
Duties	lemented has been separted for all the risk of malevolent ac	☐ Planned to be Implemented employees and clients. separate ctivity without collusion.	
3.1.5.	Employ the principle of le accounts.	east privilege, including for specifi	c security functions and privileged
The p		☐ Planned to be Implemented has been implemented. employ anctions and privileged accounts	the principle of least privilege,
3.1.6.	Use non-privileged account	nts or roles when accessing nonsec	curity functions.
The p	lemented rinciple of least privilege accessing nonsecurity fun	☐ Planned to be Implemented has been implemented. use nonctions.	
3.1.7.	Prevent non-privileged us such functions.	ers from executing privileged fund	etions and audit the execution of
The p		☐ Planned to be Implemented has been implemented. prevent and audit the execution of such for the such for the execution of the e	non-privileged users from
3.1.8.	Limit unsuccessful login a	attempts.	
-	lemented gure all environments to I	☐ Planned to be Implemented Limit unsuccessful logon attempt	☐ Not Applicable ts.
3.1.9.	Provide privacy and secur	ity notices consistent with applica	ble CUI rules.
-	lemented le privacy and security no	☐ Planned to be Implemented otices consistent with applicable	☐ Not Applicable CUI rules.
3.1.10	Use session lock with patt of inactivity.	tern-hiding displays to prevent acc	ess and viewing of data after period

Last Updated: 01/15/2024

SECURITY PRIVACY and CONFIDENTIALITY PLAN Last Updated: 01/15/2024

	☐ Planned to be Implemented g displays to prevent access and	
3.1.11. Terminate (automatically)	a user session after a defined cond	dition.
☑ Implemented Terminate (automatically) a use	☐ Planned to be Implemented er session after a defined condition	
3.1.12. Monitor and control remo	te access sessions.	
☑ Implemented Monitor and control remote acc	☐ Planned to be Implemented cess sessions.	□ Not Applicable
3.1.13. Employ cryptographic me	echanisms to protect the confidentia	ality of remote access sessions.
☑ Implemented Employ cryptographic mechan	☐ Planned to be Implemented isms to protect the confidentiality	
3.1.14. Route remote access via n	nanaged access control points.	
-	☐ Planned to be Implemented managed access control points.	□ Not Applicable
3.1.16. Authorize remote execution information.	on of privileged commands and ren	note access to security-relevant
	☐ Planned to be Implemented tion of privileged commands and	
3.1.18. Authorize wireless access	prior to allowing such connection	S.
☑ Implemented 3.1.19. Authorize wireless acces	☐ Planned to be Implemented sprior to allowing such connection	* *
3.1.20. Protect wireless access us	ing authentication and encryption.	
	☐ Planned to be Implemented sing authentication and encrypt	* *
3 1 22 Control connection of mo	hile devices	

SECU	RITY PRIVACY and CON	FIDENTIALITY PLAN	Last Updated: 01/15/2024
	plemented rol connection of mobile d	☐ Planned to be Implemented evices.	□ Not Applicable
3.1.23	. Encrypt CUI on mobile d	evices and mobile computing platf	Forms.
	olemented . Encrypt CUI on mobile	☐ Planned to be Implemented devices and mobile computing p	
3.1.25	. Verify and control/limit c	onnections to and use of external s	systems.
	olemented . Verify and control/limit	☐ Planned to be Implemented connections to and use of extern	☐ Not Applicable nal systems.
3.1.27	. Limit use of organization	al portable storage devices on exte	rnal systems.
	olemented se of organizational porta	☐ Planned to be Implemented ble storage devices on external s	
3.1.28	. Control CUI posted or pro	ocessed on publicly accessible syst	tems.
	olemented <mark>UI posted or processed o</mark>	☐ Planned to be Implemented publicly accessible systems.	☐ Not Applicable
3.2.A	wareness and Trainin	ng	
3.2.1.	aware of the security risks	stems administrators, and users of or s associated with their activities and s related to the security of those sys	d of the applicable policies,
Secur systen	ns are made aware of the	☐ Planned to be Implemented gers, systems administrators, and security risks associated with the and procedures related to the sec	l users of organizational eir activities and of the
3.2.2.	_	l personnel are adequately trained ed duties and responsibilities.	to carry out their assigned
Secur		☐ Planned to be Implemented zational personnel are adequated related duties and responsibilities	
3.2.3.	Provide security awareness threat.	ss training on recognizing and repo	orting potential indicators of insider
⊠ Imp	olemented	☐ Planned to be Implemented	☐ Not Applicable

SecureHIT provides security awareness training on recognizing and reporting potential indicators of insider threat.

Last Updated: 01/15/2024

3.3. Audit and Accountability

3.3.1.		audit logs and records to the extent d reporting of unlawful or unautho	
Secur	eHIT retains system audi	☐ Planned to be Implemented t logs and records to the extent n ion, and reporting of unlawful or	eeded to enable the
3.3.2.	Ensure that the actions of can be held accountable for	individual system users can be unior their actions.	quely traced to those users so the
Secur		☐ Planned to be Implemented ions of individual system users cantable for their actions.	* *
3.3.3.	Review and update logged	d events.	
-	olemented eHIT Review and update	☐ Planned to be Implemented logged events.	□ Not Applicable
3.3.4.	Alert in the event of an au	dit logging process failure.	
		☐ Planned to be Implemented f an audit logging process failure	* *
3.3.5.		iew, analysis, and reporting proces , unauthorized, suspicious, or unus	
Secur		☐ Planned to be Implemented rd review, analysis, and reportinulawful, unauthorized, suspiciou	g processes for investigation
3.3.6.	Provide audit record reduce reporting.	ction and report generation to supp	ort on-demand analysis and
Secur	olemented EHIT provide audit recordise and reporting.	☐ Planned to be Implemented dreduction and report generation	□ Not Applicable on to support on-demand

Last Updated: 01/15/2024

SECURITY PRIVACY and CONFIDENTIALITY PLAN

SECURITY PRIVACY and CONFIDENTIALITY PLAN Last Updated: 01/15/2024

3.4.5.	Define, document, approv changes to organizational	1 0	access restrictions associated with
Secure	elemented eHIT define, document, a ated with changes to orga	☐ Planned to be Implemented pprove, and enforce physical and nizational systems.	
3.4.6.	Employ the principle of le only essential capabilities.	east functionality by configuring or	ganizational systems to provide
Secure	lemented eHIT employ the principle le only essential capabiliti	☐ Planned to be Implemented e of least functionality by configures.	± ±
3.4.7.	Restrict, disable, or prever services.	nt the use of nonessential programs	, functions, ports, protocols, and
Secure	elemented eHIT restrict, disable, or peols, and services.	☐ Planned to be Implemented prevent the use of nonessential prevent the use of nonessent the use o	* *
3.4.8.		(blacklisting) policy to prevent the tion (whitelisting) policy to allow t	
Secure softwa		☐ Planned to be Implemented ption (blacklisting) policy to prevexception (whitelisting) policy to	ent the use of unauthorized
3.4.9.	Control and monitor user-	installed software.	
	elemented EHIT control and monitor	☐ Planned to be Implemented user-installed software.	☐ Not Applicable
3.5.Id	lentification and Auth	entication	
3.5.1.	Identify system users, pro-	cesses acting on behalf of users, an	d devices.
-	lemented eHIT identify system user	☐ Planned to be Implemented	☐ Not Applicable sers, and devices.

3.5.2. Authenticate (or verify) the identities of users, processes, or devices, as a prerequisite to allowing access to organizational systems. ☐ Planned to be Implemented **Implemented** ■ ☐ Not Applicable SecureHIT authenticate (or verify) the identities of users, processes, or devices, as a prerequisite to allowing access to organizational systems. **3.5.3.** Use multifactor authentication for local and network access to privileged accounts and for network access to non-privileged accounts. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT use multifactor authentication for local and network access to privileged accounts and for network access to non-privileged accounts. **3.5.4.** Employ replay-resistant authentication mechanisms for network access to privileged and nonprivileged accounts. **⊠** Implemented ☐ Planned to be Implemented ☐ Not Applicable SecureHIT employ replay-resistant authentication mechanisms for network access to privileged and non-privileged accounts. **3.5.5.** Prevent reuse of identifiers for a defined period. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT prevent reuse of identifiers for a defined period. **3.5.6.** Disable identifiers after a defined period of inactivity. **Implemented** ■ ☐ Planned to be Implemented □ Not Applicable SecureHIT disable identifiers after a defined period of inactivity. **3.5.7.** Enforce a minimum password complexity and change of characters when new passwords are created. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT enforce a minimum password complexity and change of characters when new passwords are created. **3.5.8.** Prohibit password reuse for a specified number of generations. ☐ Planned to be Implemented ☐ Not Applicable

SecureHIT Prohibit password reuse for a specified number of generations.

Last Updated: 01/15/2024

SECURITY PRIVACY and CONFIDENTIALITY PLAN

3.5.9.	Allow temporary password password.	d use for system logons with an im	nmediate change to a permanent
Secure	lemented eHIT allow temporary pa ment password.	☐ Planned to be Implemented ssword use for system logons wit	± ±
3.5.10.	Store and transmit only cr	yptographically-protected passwor	ds.
	lemented eHIT store and transmit o	☐ Planned to be Implemented only cryptographically-protected	* *
3.5.11.	Obscure feedback of author	entication information.	
	lemented eHIT obscure feedback of	☐ Planned to be Implemented authentication information.	□ Not Applicable
	<u>=</u>	ncident-handling capability for orgalysis, containment, recovery, and	
Secure	cludes preparation, detec	☐ Planned to be Implemented onal incident-handling capability ction, analysis, containment, reco	for organizational systems
3.6.2.	Track, document, and repeated and external to the organization	ort incidents to designated officials zation.	and/or authorities both internal
Secure	lemented eHIT track, document, an nternal and external to th	☐ Planned to be Implemented ad report incidents to designated e organization.	* *
3.6.3.	Test the organizational inc	cident response capability	
	lemented eHIT test the organization	☐ Planned to be Implemented nal incident response capability.	□ Not Applicable
3.7.M	[aintenance		

Last Updated: 01/15/2024

3.7.1. Perform maintenance on organizational systems.

SECURITY PRIVACY and CONFIDENTIALITY PLAN

SECURITY PR	IVACY and CONF	FIDENTIALITY PLAN	Last Updated: 01/15/2024	
☑ Implemented SecureHIT per		☐ Planned to be Implemented ace on organizational systems.	□ Not Applicable	
3.7.2. Provide mainten		ols, techniques, mechanisms, and p	personnel used to conduct system	
SecureHIT pro	☑ Implemented ☐ Planned to be Implemented ☐ Not Applicable SecureHIT provide controls on the tools, techniques, mechanisms, and personnel used to conduct system maintenance.			
3.7.3. Ensure 6	equipment remove	d for off-site maintenance is saniti	ized of any CUI.	
☑ Implemented SecureHIT ens		☐ Planned to be Implemented emoved for off-site maintenance		
	nedia containing d organizational syst	iagnostic and test programs for matems.	alicious code before the media are	
		☐ Planned to be Implemented ning diagnostic and test programional systems.		
-		ntication to establish nonlocal main erminate such connections when r	ntenance sessions via external nonlocal maintenance is complete.	
	uire multifactor	☐ Planned to be Implemented authentication to establish nonload terminate such connections w	ocal maintenance sessions via	
3.7.6. Supervisauthoriz		e activities of maintenance personn	nel without required access	
☑ Implemented SecureHIT supaccess authorize	pervise the mainto	☐ Planned to be Implemented enance activities of maintenance	☐ Not Applicable personnel without required	
3.8.Media Pı	otection			
3.8.1. Protect (and digi	` • •	ntrol and securely store) system m	nedia containing CUI, both paper	
⊠ Implemented	l	☐ Planned to be Implemented	☐ Not Applicable	

SECURITY PRIVACY and CONFIDENTIALITY PLAN

SecureHIT protect (i.e., physically control and securely store) system media containing CUI, both paper and digital. **3.8.2.** Limit access to CUI on system media to authorized users. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT limit access to CUI on system media to authorized users. **3.8.3.** Sanitize or destroy system media containing CUI before disposal or release for reuse. **Implemented Implemented** ☐ Planned to be Implemented ☐ Not Applicable SecureHIT sanitize or destroy system media containing CUI before disposal or release for reuse. **3.8.4.** Mark media with necessary CUI markings and distribution limitations. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT mark media with necessary CUI markings and distribution limitations. **3.8.5.** Control access to media containing CUI and maintain accountability for media during transport outside of controlled areas. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT control access to media containing CUI and maintain accountability for media during transport outside of controlled areas. **3.8.6.** Implement cryptographic mechanisms to protect the confidentiality of CUI stored on digital media during transport unless otherwise protected by alternative physical safeguards. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT implement cryptographic mechanisms to protect the confidentiality of CUI stored on digital media during transport unless otherwise protected by alternative physical safeguards. **3.8.7.** Control the use of removable media on system components. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT control the use of removable media on system components. **3.8.8.** Prohibit the use of portable storage devices when such devices have no identifiable owner. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT prohibit the use of portable storage devices when such devices have no identifiable owner. **3.8.9.** Protect the confidentiality of backup CUI at storage locations.

Last Updated: 01/15/2024

3.10.4. Maintain audit logs of physical access.

SECURITY PRIVACY and CON	FIDENTIALITY PLAN	Last Updated: 01/15/2024
	☐ Planned to be Implemented of physical access.	□ Not Applicable
3.10.5. Control and manage phys	ical access devices.	
	☐ Planned to be Implemented e physical access devices.	□ Not Applicable
3.10.6. Enforce safeguarding mea	asures for CUI at alternate work sit	es.
☑ Implemented SecureHIT enforce safeguardin	☐ Planned to be Implemented ag measures for CUI at alternate	* *
3.11.	Risk Assessment	
reputation), organizationa	k to organizational operations (incl l assets, and individuals, resulting d the associated processing, storag	
functions, image, or reputation	☐ Planned to be Implemented the risk to organizational operation, organizational assets, and individuals and the associated processing the second control of the second control	ons (including mission, viduals, resulting from the
	organizational systems and applications are in	
	☐ Planned to be Implemented ties in organizational systems and ing those systems and application	d applications periodically and
3.11.3. Remediate vulnerabilities	in accordance with risk assessmen	ts.
☑ Implemented SecureHIT remediate vulnerab	☐ Planned to be Implemented ilities in accordance with risk ass	☐ Not Applicable sessments.
3.12.	Security Assessme	nt

3.12.1. Periodically assess the security controls in organizational systems to determine if the controls are effective in their application.

SECURITY PRIVACY and CON	FIDENTIALITY PLAN	Last Updated: 01/15/2024
	the security controls in organizati	☐ Not Applicable onal systems to determine if
3.12.2. Develop and implement p vulnerabilities in organization	plans of action designed to correct dational systems.	eficiencies and reduce or eliminate
	nent plans of action designed to co	
3.12.3. Monitor security controls controls.	on an ongoing basis to ensure the c	continued effectiveness of the
	☐ Planned to be Implemented ontrols on an ongoing basis to ensu	
boundaries, system environment	periodically update system security comments of operation, how security a or connections to other systems.	
system boundaries, system envi	☐ Planned to be Implemented and periodically update system s ironments of operation, how secur hips with or connections to other	rity requirements are
3.13.	System and Comm	unications Protection
	tect communications (i.e., informati t the external boundaries and key in	
	☐ Planned to be Implemented and protects communications (i.e ems) at the external boundaries a	
	igns, software development technique ffective information security within	
	☐ Planned to be Implemented	□ Not Applicable

Implemented ■

SecureHIT eEmploy architectural designs, software development techniques, and systems engineering principles that promote effective information security within organizational systems. **3.13.3.** Separate user functionality from system management functionality. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT separates user functionality from system management functionality. **3.13.4.** Prevent unauthorized and unintended information transfer via shared system resources. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT prevents unauthorized and unintended information transfer via shared system resources. **3.13.5.** Implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT implements subnetworks for publicly accessible system components that are physically or logically separated from internal networks. **3.13.6.** Deny network communications traffic by default and allow network communications traffic by exception (i.e., deny all, permit by exception). **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT denies network communications traffic by default and allows network communications traffic by exception (i.e., deny all, permit by exception). **3.13.7.** Prevent remote devices from simultaneously establishing non-remote connections with organizational systems and communicating via some other connection to resources in external networks (i.e., split tunneling). **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT prevents remote devices from simultaneously establishing non-remote connections with organizational systems and communicating via some other connection to resources in external networks (i.e., split tunneling). **3.13.8.** Implement cryptographic mechanisms to prevent unauthorized disclosure of CUI during transmission unless otherwise protected by alternative physical safeguards.

☐ Planned to be Implemented

SecureHIT implements cryptographic mechanisms to prevent unauthorized disclosure of CUI

during transmission unless otherwise protected by alternative physical safeguards.

☐ Not Applicable

Last Updated: 01/15/2024

3.13.9. Terminate network connections associated with communications sessions at the end of the sessions or after a defined period of inactivity. ☐ Planned to be Implemented **Implemented** ■ ☐ Not Applicable SecureHIT terminates network connections associated with communications sessions at the end of the sessions or after a defined period of inactivity. **3.13.10.** Establish and manage cryptographic keys for cryptography employed in organizational systems. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT establishes and manages cryptographic keys for cryptography employed in organizational systems. **3.13.11.** Employ FIPS-validated cryptography when used to protect the confidentiality of CUI. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT employs FIPS-validated cryptography when used to protect the confidentiality of CUI. **3.13.12.** Prohibit remote activation of collaborative computing devices and provide indication of devices in use to users present at the device. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT prohibits remote activation of collaborative computing devices and provide indication of devices in use to users present at the device. **3.13.13.** Control and monitor the use of mobile code. ☐ Planned to be Implemented □ Not Applicable SecureHIT control and monitor the use of mobile code. **3.13.14.** Control and monitor the use of Voice over Internet Protocol (VoIP) technologies. ☐ Planned to be Implemented □ Not Applicable SecureHIT control and monitor the use of Voice over Internet Protocol (VoIP) technologies. **3.13.15.** Protect the authenticity of communications sessions. **Implemented** ■ ☐ Planned to be Implemented ☐ Not Applicable SecureHIT protects the authenticity of communications sessions. **3.13.16.** Protect the confidentiality of CUI at rest.

☐ Planned to be Implemented

☐ Not Applicable

Last Updated: 01/15/2024

SECURITY PRIVACY and CONFIDENTIALITY PLAN

Implemented ■

SecureHIT protects the confidentiality of CUI at rest.

3.14. System and Information Integrity

Last Updated: 01/15/2024

3.14.1. Identify, report, and corre	ect system flaws in a timely manne	r.
☑ Implemented SecureHIT identifies, report, a	☐ Planned to be Implemented nd correct system flaws in a time	* *
3.14.2. Provide protection from 1	malicious code at designated location	ons within organizational systems
☑ Implemented SecureHIT provides protection organizational systems.	☐ Planned to be Implemented from malicious code at designat	
3.14.3. Monitor system security	alerts and advisories and take actio	n in response.
	☐ Planned to be Implemented curity alerts and advisories and t	
3.14.4. Update malicious code pr	rotection mechanisms when new re	leases are available.
	☐ Planned to be Implemented code protection mechanisms whe	
•	f organizational systems and real-ti loaded, opened, or executed.	me scans of files from external
	☐ Planned to be Implemented scans of organizational systems a wnloaded, opened, or executed.	
3.14.6. Monitor organizational sydetect attacks and indicat	ystems, including inbound and outlors of potential attacks.	bound communications traffic, to
<u> </u>	☐ Planned to be Implemented ional systems, including inboundect attacks and indicators of pote	and outbound
3.14.7. Identify unauthorized use	e of organizational systems.	
☑ Implemented SecureHIT identifies unauthor	☐ Planned to be Implemented ized use of organizational system	☐ Not Applicable

4. RECORD OF CHANGES

Date	Description	Made By:
07/31/2020	Created	JAM
07/31/2021	Review	JAM
07/31/2022	Review	JAM
01/31/2023	Review	JAM
01/31/2024	Review	JAM

Acreditations:





Last Updated: 01/15/2024

<u>EHNAC (Electronic Healthcare Network Accreditation Commission)</u> is the premier accreditation authority promoting standards that support interoperability, stakeholder trust, regulatory compliance, quality service, innovation, and open competition within the healthcare industry. EHNAC promotes accreditation in the healthcare industry to achieve quality and trust in healthcare information exchange through adoption and implementation of standards.

Secure Exchange Solutions, Inc. has successfully completed the accreditation process of EHNAC by providing evidence that meets the EHNAC criteria in the following areas:

- Identification of data flows of confidential information such as Protected Health Information within the organization as well as with business partners outside of the organization;
- Verification that appropriate Business Associate Agreements are in place with all relevant entities;

- Review of HIPAA privacy policies and procedures;
- Review of HIPAA security safeguards in place (administrative, technical and physical);

Last Updated: 01/15/2024

- Review methods of secure transmission of data;
- Review of customer service metrics;
- Validation of accuracy of transaction exchange;
- Validation of system availability and capacity metrics;
- Validation of compliance with industry standards;
- Review of IT security best practices;
- Review of industry-specific best practices;
- Review of disaster recovery and business continuity processes;
- Review of workforce training; and
- Review of personnel qualifications.

This Certificate of Accreditation was issued by EHNAC after an objective and independent audit and review of all facilities in-scope of the accreditation, including datacenters and outsourced business partners. Secure Health Information Technology Corp. has been accredited under the EHNAC HISP Privacy and Security Program and Cloud Enabled Accreditation Program.

Security Plan for Confidential Information

This security plan describes SecureHIT's safeguards to protect confidential information belonging to students, staff, alumni, donors and to visitors and users of its websites and servers. In accordance with the Health Insurance Portability Accountability Act, SecureHIT implements the following policies and procedural safeguards to insure the security and privacy of confidential information.

Scope of Confidential Information Covered

Health Insurance Portability Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) requires SecureHIT to adhere to policies regarding private health information. HIPAA requires SecureHIT to maintain the privacy of your Protected Health Information (ePHI). We protect your ePHI from inappropriate use or disclosure. Our employees, and those companies that help us service patients and employees, are required to comply with our requirements that protect the confidentiality of ePHI. They may look at ePHI only when there is an appropriate and valid reason to do so. We will not disclose ePHI to any other company for their use in marketing their products.

This Information Security Plan provides mechanisms to:

Ensure the security and confidentiality of covered data and information;

Protect against anticipated threats or hazards to the security or integrity of such information;

SECURITY PRIVACY and CONFIDENTIALITY PLAN

Protect against unauthorized access to or use of covered data and information that could result in substantial harm or inconvenience to any patience;

Identify and assess the risks that may threaten covered data and information maintained by SecureHIT;

Last Updated: 01/15/2024

Train employees on maintaining the privacy of covered ePHI data;

Implement and review the plan; and Adjust the plan to reflect changes in technology, the sensitivity of covered ePHI data, information and internal or external threats to information security.

Identification and Assessment of Risks to Confidential Information

SECURITY PRIVACY and CONFIDENTIALITY PLAN

SecureHIT recognizes that it has both internal and external risks to the security of information covered under this policy. These risks include, but are not limited to:

Last Updated: 01/15/2024

Unauthorized access to covered data and information and educational records by someone other than the owner of the covered data and information;

Compromised system security as a result of system access by unauthorized persons;

Interception of data during transmission;

Loss of data integrity;

Physical loss of data in a disaster;

Errors introduced into the system;

Corruption of data or systems;

Unauthorized access of covered data and information by employees;

Unauthorized requests for covered ePHI data and information;

and Unauthorized transfer of covered data and information through third parties.

SecureHIT recognizes that this may not be a complete list of the risks associated with the protection of covered data and information. Since technology growth is not static, new risks are created regularly. Accordingly, the Chief Information Security Officer, in consultation with Chief Executive Officer will actively monitor advisory groups such as the NIST, CISA, FTC, SBA, DHS for identification of new risks.

SecureHIT believes that IT's current safeguards are reasonable and, in light of current risk assessments and SecureHIT's compliance with procedural safeguards under the laws covered under this policy and any applicable state privacy laws, are sufficient to provide security and confidentiality to covered data and information maintained by SecureHIT. Additionally, these safeguards protect against currently anticipated threats or hazards to the integrity of such information.

Design and Implementation of Safeguards Program:

Security Plan Coordinators

The CEO, in consultation with the Information Systems Security Officer, will serve as the coordinator of this Plan. Together, they will assess the risks associated with unauthorized transfers of covered ePHI data and implement procedures to minimize those risks.

Last Updated: 01/15/2024

Employee Management and Training

SecureHIT checks references of new employees working in areas that regularly work with covered ePHI data.

During employee orientation, each new employee in these departments will receive proper training on the importance of confidentiality of patients records, student and other types of covered ePHI data and information. Each new employee is also/will also be trained in the proper use of computer information and passwords. Training also includes controls and procedures to prevent employees from providing confidential information to an unauthorized individual, including how to properly dispose of documents that contain covered ePHI data and information. Each department responsible for maintaining covered ePHI data and information will be instructed to take steps to protect the information from destruction, loss or damage due to environmental hazards, such as fire and water damage or technical failures. These training efforts should help minimize risk and safeguard covered ePHI data and information security.

Physical Security

SecureHIT has addressed the physical security the information with AWS Certifications.

Information Systems

Access to covered ePHI data via the information system is limited to those employees who have a legitimate reason. Each employee is assigned a user name and password. Databases containing patients covered ePHI data, are available only to SecureHIT employees in appropriate positions.

Services such as Direct Messaging are protected by requiring a valid and verified user to provide a valid user username, password and MFA. If a user does not have a valid combination, they are not given access.

Encryption technology is used and utilized for both storage and transmission. All covered ePHI data and information will be maintained on servers that are behind the AWS several firewalls. All firewall software and hardware maintained by AWS will be kept current as per agreement.

Selection of Appropriate Service Providers

Due to the specialized expertise needed to design, implement, and service new technologies, vendors may be needed to provide resources that the SecureHIT determines not to provide on its own. In the process of choosing a service provider that will maintain or regularly access covered data and

information, the evaluation process shall include the ability of the service provider to safeguard ePHI information. Contracts with service providers will include one or more the following provisions:

Last Updated: 01/15/2024

An explicit acknowledgment that the contract allows the contract partner access to confidential information;

A stipulation that the confidential information will be held in strict confidence and accessed only for the explicit business purpose of the contract;

An assurance from the contract partner that the partner will protect the confidential information it receives according to HIPAA standards and no less rigorously than it protects its own confidential information;

A provision for the return or destruction of all confidential information received by the contract provider upon completion or termination of the contract;

An agreement that any violation of the contract's confidentiality conditions may constitute a material breach of the contract and entitles the SecureHIT to terminate the contract without penalty; and

A provision ensuring that the contract's confidentiality requirements shall survive any termination agreement.

Notification of Security Incidents

SecureHIT shall notify the owner of ePHI and agencies required by law of any breach of the security of covered ePHI data and information immediately following discovery, if the information, was, or is reasonably believed to have been, acquired by an unauthorized person.

Continuing Evaluation and Adjustment

This Information Security Plan will be subject to periodic review and adjustment. Continued administration of the development, implementation and maintenance of the program will be the responsibility of the CEO and ISSO who will review the standards set forth in this policy and recommend updates and revisions as necessary. It may be necessary to adjust the plan to reflect changes in technology or law, the sensitivity of patient ePHI data and internal or external threats to information security.

Collaboration Index at: SecureHIT Security and Privacy Control Collaboration Index.docx