This template is to be used as a guide in developing individual security assessments for new and changing medical devices, applications and/or infrastructure systems. This document is intended to document controls for reasonably anticipated threats and vulnerabilities. The evaluation of responses will be made throughout the process. UNMH Management will complete a final review and risk decision. The intake process and submission to the Management Review Team can take 1-2 months, based on the vendor's ability to answer and respond their questions in this document.

- Note: Approval of a security assessment does not provide any assurances that UNMH/HSC Systems, DBA, interface or other IT groups can immediately start your project.
- Purchases, Contracts and Implementation of new IT assets will not move forward without the completion of an IT Security Assessment.
- Submission of a Security Assessment does not necessarily guarantee acceptance of the product. Approval by UNMH IT management is still required.
- Important: Please start this effort by creating a Visio or other graphical workflow of the system. Include all points where information is created or accessed, mapping through appropriate network areas. Include the server/database/application and then diagram return paths if applicable. Please do **not** send diagrams as additional attachments.

Note: For confidential or Restricted Data outsourcing UNMH/HSC requires all available third party security certifications/attestations (preferably based on standards such as: (ISO 27002, HITRUST, NIST 800-53, SSAE-18/SOC3, OWASP, or equivalent 3rd party assessment) from the vendor that are applicable to the service / application under consideration. For payment card hosting, PCI DSS attestation and reports will be required. If necessary, the vendor can submit a redacted copy of certifications to safeguard sensitive information. UNMH reserves the right to request and review the vendor's third party certifications/attestations annually. Any vendor who also partners with third parties (AWS, ETC.) that create, use, transmit, receive or store UNMH/HSC data are required to provide independent third party security certifications/attestations for their Product, not just the AWS SOC3. The vendor may require an NDA between their organization and UNMH/HSC in order to provide the security information request ion in this document, which UNMH.

Please complete all sections of the assessment. All sections marked in blue and labeled R, are to be completed by the UNMH Requester. All sections marked in yellow and labeled V, are to be completed by the Vendor. Follow up questions in red are questions for the vendor and or requester to answer. Contact UNMH Cyber Security with questions at ITSecurityPlan@salud.unm.edu.

UNMH is required By HIPAA LAW to utilize ISO 27002, HITRUST, NIST 800-53, SSAE-18/SOC3, OWASP other Cybersecurity Frameworks and publications to build a cybersecurity infrastructure to secure our operational environment. We must ensure our vendors follow the same practices for all hardware/software/services. This document is based on our belief that the vendor follows all of these processes and industry best practices.

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IT Project Requirements O# **IT Project Overview Detailed Information** 1R Help.HSC Ticket # <> Check if Complete R W 2R Security team assigned: ☐ HSC ☐ UNMMG ☐ UNMSRMC ☐ UNMH Check if Complete **Contacts** Director, Dean, Chair, CEO that Requestor Info (UNMH/HSC) approved proposal or project Vendor - Contact Info (UNMH/HSC) 3R Name: <> <> <> Check if Complete 4R Title: <> <> <> Check if R Complete W 5R Department: <> <> <> Check if Complete 6R Phone: <> <> <> Check if Complete 7R Email: <> <> <> Check if Complete **Vendor/System Details** Vendor name: <> Check if Complete V <> System name: Check if W Complete Application name: <> Check if Complete

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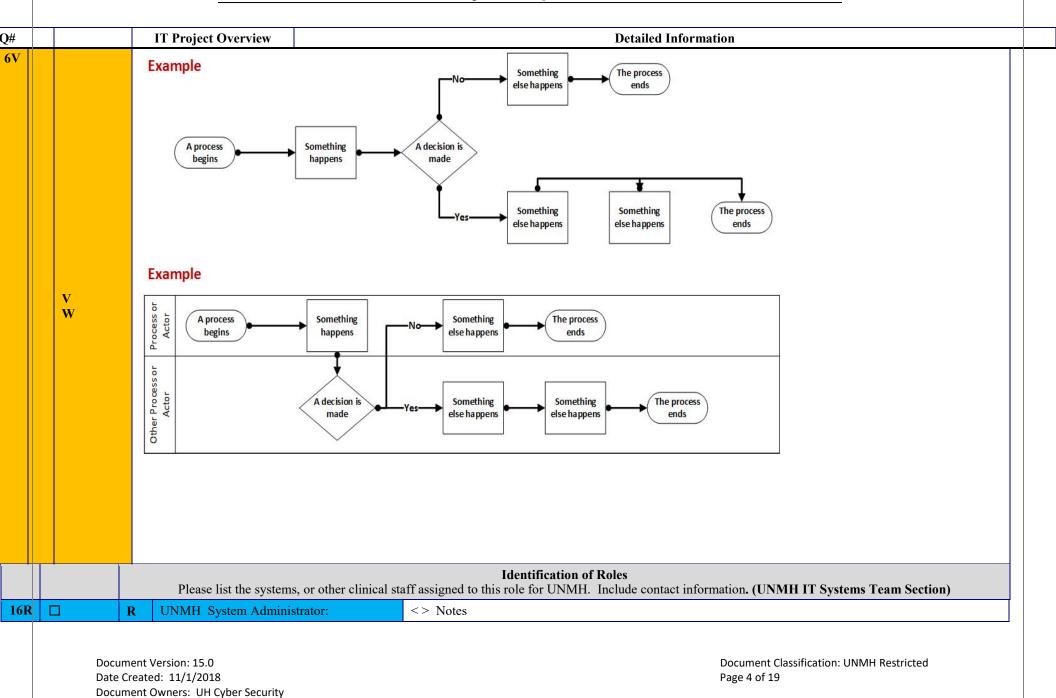
IT Project Requirements O# IT Project Overview **Detailed Information** System version: <> Check if Complete What does this system do? <> Check if Complete What Type of Request is This? (Check all that apply) 8R Medical device: (MDS2 must be \square No \square NA <> Notes ☐ Yes Check if provided) **Complete** 9R New system, application, etc. \square Yes \square No \square NA <> Notes Check if Complete □ No \square NA 10R ☐ Yes <> Notes Is this an Upgrade? Check if Complete 11R Is this a repurchase of existing \square NA ☐ Yes ☐ No <> Notes system/application currently for Check if Complete another Unit or Clinic? R W 12R Does this system use a Mobile ☐ Yes ☐ No \square NA <> Notes application for deployment (Ipad-Check if Complete Droid) 13R \square No \square NA □ Yes <> Notes Was this part of an RFP: Check if Complete 14R Is this a Cloud Based System ☐ Yes □ No \square NA <> Notes Check if Complete 15R П \square No \square NA <> Notes \square Yes Other, please specify: Check if Complete **Overview of Data Flow Diagram and Processes** Please illustrate how data moves internally within our network between systems and users. List all servers/databases utilized and interfaces required to connect to existing UNMH/HSC systems or applications; like Cerner, PACS, etc. Where necessary, more than one data flow chart or diagram may be used to properly describe the flow of information. PLEASE REPLACE THIS DIAGRAM WITH YOURS

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) #			IT Project Overview	Detailed Information			
	Check if Complete	W					
17R	Check if		UNMH Department Application Administrator:	<> Notes			
18R	Check if Complete		UNMH Backup System Administrator:	<> Notes			
7V	Check if Complete		Vendor System Administrator:	<> Notes			
8V	Check if Complete	V W	Vendor Department Application Administrator:	<> Notes			
9V	Check if Complete		Vendor Backup System Administrator:	<> Notes			
			Summary o	f Hardware/Software Being Purchased (UNMH IT Systems Team Section)			
10V	Check if Complete		List all Hardware & Peripherals (USB, DVDRW, Printers, Etc.)	<> Notes			
11V	Check if Complete		List all Software: (OS Server/Workstation/Other):	<> Notes			
12V	Check if Complete	V	Is this an Internet Facing System?	☐ Yes ☐ No ☐ NA <> Notes			
13V	Check if Complete	W	Does this system require a web server to run on the system? (IIS, Apache)	□ Yes □ No □ NA <> Notes			
14V	Check if Complete		List all dependent third party software on the system: (Java, Adobe, etc.)	<> Notes			
15V	Check if Complete		Does your system utilize a local or enterprise database?	□ Yes □ No □ NA <>			

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)#			IT Project Overview					Detailed Information
16V	Check if Complete		Have you tested your we a tool such as Qualys SS your site rating.		□ Yes	□ No	□ NA	<> Notes
17V	Check if Complete		If you are a SAAS or Clothis a Multi-Tenancy env		☐ Yes	□ No	□NA	<> Notes
18V	Check if Complete		If this is a Multi-Tenancy environment, is UNMH E all other clients?		□ Yes	□ No	□ NA	<> Notes
					Account	t Control	s (UNMH	IT Systems Team Section)
19V	Check if Complete		Do you have role based a AD controlled roles?	access controls not	☐ Yes	□ No	□NA	<> Notes
20V	☐ Check if Complete		Do you Limit system accounts or		☐ Yes	□ No	□NA	<> Notes
21V	Check if Complete		Do you have separation of support staff?	of duties for	☐ Yes	□ No	□NA	<> Notes
22V	Check if Complete	V	Do you employ the princ privilege, including for s functions and privileged	pecific security	☐ Yes	□ No	□NA	<> Notes
23V	Check if Complete	W	Do you limit unsuccessfu	ıl logon attempts?	☐ Yes	□ No	□NA	<> Notes
24V	☐ Check if Complete		Do you provide priva notices to U		☐ Yes	□ No	□NA	<> Notes
25V	Check if Complete		Do you use a session/screaccess and viewing of dainactivity?		☐ Yes	□ No	□NA	<> Notes
26V	Check if Complete		Do you Terminate a user defined condition is met?		☐ Yes	□ No	□ NA	<> Notes

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Q #			IT Project Overview				Detailed Information	
27V	Check if Complete		Do you Monitor and control remote access sessions?	☐ Yes	□ No	□NA	<> Notes	
27V	Check if Complete		Do you prevent reuse of identities for a defined period? Do you disable identities after a defined period of inactivity?	□ Yes	□ No	□NA	<> Notes	
30V	Check if Complete		Do you Store and Transmit Passwords with TLS or other cryptography	□ Yes	□ No	□NA	<> Notes	
19R	□ Check if Complete		Do you have a specific Account procedure/policy for your department?	□ Yes	□ No	□NA	<> Notes	
20R	□ Check if Complete	R	What is the frequency of account review by your department?	□ Yes	□ No	□NA	<> Notes	
21R	□ Check if Complete		Who is responsible for account management and review?	□ Yes	□ No	□NA	<> Notes	
				Password	ls Contro	ols (UNM	H IT Systems Team Section)	
31V	Check if Complete	V W	Provide details and/or policy for your software password complexity rules, failed logins lockouts, password history and other security measures available in the system: Can your system utilize 9-character passwords-This is the UNMH Standard	□ Yes	□ No	□NA	<> Notes	
22R	Check if Complete	R	How often will passwords be changed? <> Notes					
			OS and	Vendor A	pplicatio	n Patchin	g (UNMH IT Systems Team Section)	
					rating Sy	stem	Application	Third Party Applications
23R	☐ Check if Complete	R	Who is responsible for patching?	<> UNI <> Ven			<> UNMH <> Vendor	<> UNMH <> Vendor

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) #			IT Project Overview		Detailed Information				
24R	Check if Complete		How often are patches ap	plied?	<> Notes	<> Notes	<> Notes		
25R	Check if Complete		What is the method for do	elivering patches?	<> Notes	<> Notes	<> Notes		
32V	Check if Complete	V W	How do you test patches/malicious code before the are deployed to UNMH/V	patches/updates	<> Notes				
34V	Check if Complete	V W	Please specify if your sys current vulnerabilities.	tem has any	<> Notes				
35V	Check if Complete	V W	Do you and/or can you ut authentication to establish maintenance sessions via connections and terminate when nonlocal maintenan	n nonlocal external network e such connections	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud				
					System Backups (UNMH IT	Systems Team Responses)			
26R	Check if Complete		Who performs system bac	ckups? <> No	tes			7	
27R	Check if Complete	R	Who performs database b	ackups? <> No	tes				
28R	Check if Complete		What type of backup software/hardware is utili	zed?	tes				
			In	erfaces, Interconn	ections and Dependencies (UN	NMH IT Clinical Application	s Team Section)		
29R	Check if Complete	R	Connections to any existi UNMH/HSC systems? (C Active Directory account	erner, 🗆 On P	□ No □ NA <> Note Premise □ Cloud	es			
					ICD-10 or 5010 Transa	action Standards			
36V		V	Do ICD-10 or 5010 Trans Standards apply?	raction	□ No <> Notes				

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)#			IT Project Overview	Detailed Information
	Check if Complete			
				Requirements and Restrictions (UNMH IT Network Team Section) [MH/HSC only authorizes connections through SecureLink
37V	Check if Complete	V	Do you need remote access to UNMH Systems: (RDP, SSH, etc.).	☐ Yes ☐ No If you answer no move to next section
38V	Check if Complete	V	Do you monitor and control remote access sessions?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
39V	Check if Complete		Do you employ cryptographic mechanisms to protect the confidentiality of remote access sessions?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
40V	Check if Complete	V	Do you utilize/route remote access via managed access control points?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
41V	☐ Check if Complete		Do you authorize remote execution of privileged commands and remote access to security-relevant information?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
				Wireless Controls (UNMH IT Network Team Section)
42V	Check if Complete		Does your system authorize wireless access prior to allowing such connections?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
43V	Check if Complete		Does your system protect wireless access using authentication and encryption?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
44V	Check if Complete	V W	Control connection of mobile devices.	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
45V	Check if Complete		Encrypt information on mobile devices and mobile computing platforms.	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud
46V	Check if Complete		Does your system verify and control/limit connections to and use of external systems?	☐ Yes ☐ No ☐ NA <> Notes ☐ On Premise ☐ Cloud

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)#		TT Project Overview Detailed Information		
			Data Classification & Confid	lentiality Confirmation (UNMH IT Cybersecurity Team Section) Check all that apply
30R	Check if Complete		Confidential Level I (ePHI, PII, etc.)	□ <> If Level I is checked you must supply a SOC2/3, SSAE 18 or related documents. Not just AWS SOC3, but 3 rd party assessment of your solution is required as well.
31R	Check if Complete	UNMH/HSC Restricted Level II (information that is to remain inside UNMH/HSC systems)		□ <> Notes
32R	Check if Complete	R	Unrestricted Level III (de-identified or public)	□ <> Notes
33R	Check if Complete	W	No data is collected	□ <> Notes
34R	Check if Complete		Does your system/website/cloud service utilize UNMH EPHI or restricted data? (If EPHI or restricted data is utilized, current security assessment such as SSAE-18 or other security certifications must be provided.)	☐ Yes ☐ No ☐ NA <> Notes
			Data Sharing B	etween Organizations or Cloud (UNMH IT Cybersecurity Team Section)
35R	Check if Complete	R	Do you share data outside UNMH?	☐ Yes ☐ No ☐ NA <> Notes
36R	Check if Complete	W	If data is shared outside UNMH- please attach more information:	□ <> Notes
37R	Check if Complete		Is UNMH Data in a Multi-Tenancy Cloud environment?	☐ Yes ☐ No ☐ NA <> Notes
			Type of Data Co	llected and where will it be Used (UNMH IT Cybersecurity Team Section) Check all that apply
38R	Check if Complete	R W	Location of Data:	□ UNMH □ HSC □ UNMMG □ UNMSRMC □ Vendor Cloud

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IT Project Requirements IT Project Overview Detailed Information 39R PII-EPHI 40R Research: 41R Student: **42R** Other: 43R \square <> Notes Pre-approved data in/out: Check if Complete 44R \square Yes \square No \square NA <> Notes Pre-approved data in/out to vendor cloud? Check if Complete What EPHI/PII Restricted Data is Used (UNMH IT Cybersecurity Team Section) If EPHI data is collected, check the appropriate boxes that indicate what will be stored, transmitted, or processed. Check all that apply. Social Security Numbers (SSNs): 45R 46R UNM ID Numbers (Banner IDs): 47R Patient Name: 48R Patient DOB: 49R Patient Address: Patient Payroll/Financial Information: **50R** R Patient grades/ advisement or tutoring 51R W records: **52R** Patient Health Information (MRN, Prescriptions, Patient Care/ Information: 53R Patient Credit Card Information: Check if Complete 54R Other: (Please specify) \square <> Notes Check if Complete Records How many records does this system create 55R ☐ Less than 500 ☐ More than 500 <> Notes Check if per year?

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) #			IT Project Overview						Detailed Information
	Comp	olete							
56R	□ Checl Comp			Where will data be stored	1?	□ UNM	IH/HSC C	ampus 🗆	Cloud <> Other
						Agreei	ments (UI	NMH IT F	Purchasing Team Section)
47V	☐ Checl Comp		V	Do you have a vendor constatement of work in place		□ Yes	□ No	□ NA	<> Notes
48V	⊠ Checl Comp		V	Do you have a signed Bu Agreement in place curre after 3-2018?		⊠ Yes	□ No	□NA	<> Notes
49V	Check Comp		Do you carry CyberSecurity Insurance if your system utilizes EPHI/PII data to/from UNMH?			⊠ Yes	□ No	□NA	<> Notes
									Cybersecurity Team Section)
					*	data be en	crypted in	motion, in	n transit, and at rest. Recommended Standard (AES 256, TLS1.2)
50V	Check Comp		V W	Can the workstation and a encrypted with McAfee e software?		□ Yes	□ No	□ NA	<> Notes
51V			vv	Do you encrypt the data finish?	From start to	□ Yes	□ No	□ NA	<> Notes
					Security 1	Logging a	nd Monit	toring (UN	MMH IT Cybersecurity Team Section)
52V	Check Comp			What type of logs does the create/transmit? (Syslog a logs.)		□NA	<> No	tes	
53V	Check Comp		V W	Do you create and retain for UNMH to monitor, an and report unlawful or un activity?	nalyze/investigate,	□ Yes	□ No	□NA	<> Notes
54V	☐ Checl Comp			Do you log user activities	s?	☐ Yes	□ No	□NA	<> Notes

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IT Project Requirements Q# **IT Project Overview Detailed Information** 55V Who is responsible for review and update □ UNMH □ Vendor □ NA <> Notes Check if logged events? Complete 57R What is the frequency of log review by <> Notes Check if vour team? Complete R 58R Who is responsible for log review? ☐ UNMH Requesting Department ☐ UNMH IT <> Notes Check if Complete **Antiviral and Malware Protection (UNMH IT Cybersecurity Team Section)** Is McAfee AV compatible with your 56V system? If no, what AV products are Check if \square Yes \square No \square NA <> Notes Complete supported? **Incident Response (UNMH IT Cybersecurity Team Section)** Which organization is the primary method Check if of communications for security incidents, ☐ UNMH ☐ Vendor ☐ NA <> Notes Complete or other incidents to this system? **58V** Check if When an incident involving UNMH data is <> Notes □ NA Complete detected, when is UNMH Notified? 59V Can you provide UNMH an Incident V Check if Response policy/procedure related to this ☐ Yes ☐ No ☐ NA <> Notes Complete W system? Can you supply an IR report? **60V** Can you provide UNMH with a risk-Check if disclosure of any IAAS/PAAS/SAAS ☐ Yes ☐ No ☐ NA <> Notes Complete facilities outside of US locations? Can you provide UNMH with audit record 61V review, analysis, and reporting processes Check if \square Yes \square No \square NA <> Notes Complete for investigation and response to indications unlawful, unauthorized,

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IT Project Requirements O# **Detailed Information IT Project Overview** suspicious, or unusual activity in your cloud? Disaster Recovery (DR) Process/Options (UNMH IT Cybersecurity Team Section) What Disaster Recovery plans/processes **59R** does your team have in case of failover? Do Check if <> Notes **Complete** you have backup services for this system? R Please provide DR documentation. 60R Does UNMH or the vendor deal with \square Yes \square No \square NA <> Notes Check if Disaster recovery? Complete <> Notes **62V** What is the Vendor's DR plan for their Check if application? V Complete W 63V <> Notes What DR rate/priority is UNMH in their Check if vendor's cloud? Complete Physical Security (UNMH IT Cybersecurity Team Section) Are there any special physical security 61R П R requirements (cameras, key-card access to \square Yes \square No \square NA <> Notes Check if **Complete** system, etc.)? **Outsourcing Requirements (UNMH IT Cybersecurity Team Section)** 64V Do you outsource any part of this system to \square Yes \square No \square NA <> Notes Check if a Cloud or other organization? Complete Do you keep all of UNMH's data in your organization or is it outsourced to a cloud Check if ☐ Yes ☐ No ☐ NA <> Notes Complete or other company (US or outside of US)? **Security Training (UNMH IT Cybersecurity Team Section)** Who is responsible for providing training V 66V □ Vendor □ UNMH □ NA <> Notes W for this system?

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)#		IT Project Overview			Detailed Information	
	Check if Complete					
67V	Check if Complete	During Training, do you e managers, systems admini users of organizational sys aware of the security risks using this software/system	istrators, and stems are made s associated with	□ No □ NA	<> Notes	

FOR CYBERSECURITY AND APPROVER USE ONLY

1. THREATS/VULNERABILITIES FOR SECURITY PLAN CONTROLS (THREATS TO UNMH NETWORK OR DATA)

SUMMARY OF IDENTIFIED VULNERABILITIES/THREATS						
Vulnerability/Threat	Mitigation Status (Has mitigation been completed or recommended (plan needed))	Likelihood	Impact			
Vulnerability/Threat 1: <>	<>	Likelihood	Impact			
Recommended Mitigation 1: <>	<>	Likelihood	Impact			
Vulnerability/Threat 2: <>	<>	Likelihood	Impact			
Recommended Mitigation 2: <>	<>	Likelihood	Impact			
Vulnerability/Threat 3: <>	<>	Likelihood	Impact			
Recommended Mitigation 3: <>	<>	Likelihood	Impact			
Vulnerability/Threat 4: <>	<>	Likelihood	Impact			

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SUMMARY OF IDENTIFIED VULNERABILITIES/THREATS			
Vulnerability/Threat	Mitigation Status (Has mitigation been completed or recommended (plan needed))	Likelihood	Impact
Recommended Mitigation 4: <>	<>	Likelihood	Impact

The calculation for this table is: Likelihood=2, Impact=2 Mitigations=4

Multiply likelihood score times impact score to indicate the risk score (2x2 = (4 is the risk score))

Multiply all the risk score totals by the number of mitigations (4 mitigations times 4 Risk score = 16)

Then divide the total risk score by the number of mitigations: (16 is the risk score divided by 4 mitigations = 4 for the Risk level).

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Impact Ranks: There must be a defined threat listed above. **Threats** are HIGH **impact** by default. If NONE of the descriptors apply to a threat, it may be downgraded to a lower impact.

Low(1)	Will have no effect on Patient / Sensitive Data.
	 Will have no loss of tangible assets or resources.
	No personally identifiable data
Medium(2)	 May result in the loss of limited tangible assets or resources;
	 May reduce organization image, or slightly reduce an organization's mission, reputation, or interest
	Will not result in human injury.
	• Will not result in loss of ePHI or PII in excess of 500 records
	Will have no effect on core business operations
High(3)	 May result in the highly costly loss of major tangible assets or resources
	 May significantly violate, harm, or impede an organization's mission, reputation, or interest
	May result in human death or injury.
	 May result in loss of ePHI or PII in excess of 500 records
	 System availability loss causes critical core business operations to not function or be unavailable.

2. LIKELIHOOD RANKS

Low(1)	 No Vulnerabilities found during review process This vulnerability is theoretical, but there is no know method of exploitation Mitigating controls make this threat's vulnerability impossible or highly unlikely to exploit using any known technique
Medium(2)	 Proof-of-concept reports exist, but not publicly available Requires multiple steps to exploit Only available to advanced attackers Mitigating controls make this threat's vulnerability hard to exploit
High(3)	 Scattered reports are publicly available Security controls are not layered or completely effective Some automated tools can exploit the vulnerability for this threat Mitigating controls are not completely effective
Very High(4)	 Reports of this vulnerability are reported publicly Automated tools can scan for an exploit the underlying vulnerability for this threat Key security controls missing No mitigating controls in place to reduce this likelihood

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3. SOURCE OF EXPLOIT

External (Internet Facing)	□ No □ Yes	If yes, there are significantly more threats that may exploit any vulnerabilities found in plan.
Internal (e.g. Accidental: user or privileged user makes mistakes affecting data integrity).	□ No □ Yes	Are controls in place to mitigate vulnerabilities found that could come from internal network or accidental mistakes?

4. RISK SCORE MATRIX

Risk Score Matrix		Impact		
		Low	Medium	High
Likelihood	Low	1	2	3
	Medium	2	4	6
	High	3	6	9
	Very high	4	8	12

Note 1: When calculating risk use the above numbers for assigning risk totals: Green 1-3 risk is Low, Yellow 4 risk is Medium and Red 6-12 risk is High.

Definition: Risk is the combination of Probability-likelihood of and its consequences-impact (Impact is calculated first using Table 2. Then the probability-likelihood is calculated from Table 4).

Impact * Likelihood = Risk for each threat or vulnerability found the above plan.

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5. SUMMARY AND APPROVALS

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Security Analyst Name: <>	
Risk Scoring: 1) Impact versus Likelihood Score= 2) Internet-Facing Exploit Risk=	□ Both □ NA
Security Manager Name: <> Security Manager Summary: <> Security Review Date: <>	
The following approvals must be recorded:	
UNMH CIO Approval: ☐ Yes ☐ No <> Comments-Requirements	
Executive Director IT Approval: Yes No <> Comments-Requirements	
Director Clinical IT Systems: ☐ Yes ☐ No <> Comments-Requirements	
Manager Network Approval: ☐ Yes ☐ No <> Comments-Requirements	
Manager PC Systems Approval: ☐ Yes ☐ No <> Comments-Requirements	
Manager Cybersecurity Approval: ☐ Yes ☐ No <> Comments-Requirements	
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