eHealth Ontario

Information Security Policy

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Consultations & Approvals

Karen McKibbin, Chief Executive Officer, Ann Weir, Chief Internal Audit and Risk Officer, Avtar Nijjar, Director Cyber Security Governance & Consulting, Geovanny Diaz, Manager Cyber Security Governance, Craig Ryder, Senior IT Security Consultant Governance & Consulting

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1 Purpose and Objectives

1.1 Introduction

The privacy and security of Information is a concern to individuals, and to public and private sector organizations. Nowhere is the protection of Information a more sensitive issue than in the healthcare sector. Like many other industries, healthcare is becoming more efficient in delivering clinical results, and more cost effective through the use of Information Technology (IT), including computers, applications, electronic networks and related technologies.

However, the increasing use and dependence on these technologies and the expansion of the exchange of Digital Health Information among healthcare providers also poses a security risk to the Personal Information (PI) and Personal Health Information (PHI) found in these communications. PHI that is disclosed to unauthorized individuals, accessed incorrectly, tampered with, lost or made unrecoverable, may result in negative impacts for the patient, and loss of confidence in Ontario's digital health services and its support to the overall healthcare system.

The Cyber Security Services team at eHealth Ontario supports work under the Agency's mandate as the provincial Integration and Technology Service Provider to ensure the integrity of patient Information, confidentiality of the Information and the availability of Information when required. Information Security policies and standards are designed to develop, maintain and sustain a trusted environment that protects this Information. Loss of confidentiality, integrity, or availability of Information, or of the technology-based systems and services, could adversely affect the achievement of eHealth Ontario's goals and objectives, and result in harm to eHealth Ontario, the Ontario healthcare system and patients.

For the purpose of this document, wherever the concept of Information is referenced, it will be understood to have the same definition as Sensitive Information referenced in the Glossary.

1.2 Purpose

This Information Security Policy is used to define the expected behaviours, responsibilities and rules that eHealth Ontario Personnel and its Service Providers must follow and enforce for the safeguarding of Information. This Policy codifies eHealth Ontario's commitment to Information Security activities and sets the requirements for Information Security practices within eHealth Ontario.

1.3 Objectives

This Information Security Policy is intended to ensure:

1. The establishment of accountabilities for the implementation of Safeguards that are consistent with the responsibilities placed upon eHealth Ontario under the various roles that eHealth Ontario plays;

2. The necessity for these Safeguards to include the security mechanisms and practices required to protect Information collected, used, stored, transmitted, disclosed or exchanged by eHealth Ontario under its custody, to ensure the continued delivery of services through the use of Information Systems and compliance to applicable legislative requirements;

3. The recognition that Information Security is also a business issue, not just a technology issue, and it is the policy of eHealth Ontario to align Information Security goals with eHealth Ontario's business strategy.

2 Scope

2.1 Scope and Applicability

This Policy will be the foundational component of eHealth Ontario's Information Security governance framework. This Policy applies to all eHealth Ontario Personnel and eHealth Ontario Service Providers and shall cover all Sensitive Information and Information Systems.

2.2 Violations

Violation of this Policy by Personnel may result in disciplinary action, up to and including termination of employment. Violation of this Policy by a Service Provider will be subject to the penalties and enforcement provisions contained within the applicable contractual agreement between eHealth Ontario and the Service Provider.

2.3 Terminology

This Policy follows certain wording conventions. There are precise requirements and obligations associated with the following terms:

Shall/Must	This requirement is mandatory
Should	This requirement ought to be adhered to, unless exigent business needs dictate otherwise and the full implications of non-compliance are understood. **Exceptions *must* be approved by management (see References and Associated Documents for corresponding form), as modifications to the standard practice**
May	The requirement may apply with respect to one or more of a selection of options, but a choice must be made amongst one or more of the options, as dictated within the context of the item

Pronouns and any variations thereof will be deemed to include the feminine and masculine and all terms used in the singular will be deemed to include the plural, and vice versa, as the context may require.

The words "include" and "including" when used are not intended to be exclusive and mean, respectively, "include, without limitation," and "including, but not limited to".

3 Governance, Safeguards, and Risk Management

The following principles guide this Policy:

3.1 Information Security Governance

"Information Security Governance" is the set of Information Security responsibilities and practices with the goal of providing strategic direction, ensuring that objectives are achieved, ascertaining that Information Security Risks are managed appropriately and verifying that eHealth Ontario's resources are used responsibly. The key principles related to Information Security Governance are as follows:

1. Cyber Security Services (the eHealth Ontario department responsible for Information Security) will have primary responsibility for ensuring the confidentiality, integrity, and availability of organizational Assets, including Information and Information Systems entrusted to eHealth Ontario. See also Section 5 which sets out the roles and responsibilities of the other individuals and departments at eHealth Ontario, Service Providers and others related to Information Security;

2. Security of Assets will be approached in a holistic and practical manner throughout the Asset lifecycle;

3. Information Security strategies, mechanisms, and competencies will be regularly reviewed to ensure compliance, suitability, and effectiveness; and

4. Information Security education and training is required on an annual basis by Personnel, and ongoing Information Security awareness is provided on a regular basis.

3.2 Information Security Safeguards

"Information Security Safeguards" are used to avoid, detect, counteract, or minimize security risks to physical property, Information Systems, or other assets. The key principles related to Information Security Safeguards are as follows:

1. Information Security requirements must be documented and enforced;

2. Safeguards must be applied in a manner consistent with business requirements and best practices, and compliant with policy, legal and regulatory requirements;

3. Safeguards consist of administrative, technical and physical controls; and

4. Responsibilities / duties assigned to individuals must follow the principle of Segregation of Duties and Least Privilege.

3.3 Information Security Risk Management

"Information Security Risk Management" is the systematic approach and coordination of activities to help set the best course of action under uncertainty**,** and to direct and control eHealth Ontario with regard to Information Security Risks. The key principles related to Information Security Risk Management are as follows:

1. Information Security Risks must be identified, evaluated, and treated / escalated and managed according to the Agency's Enterprise Risk Management Policy; or Corporate Compliance Policy as required;

2. Information Security Risks must be documented and communicated to the appropriate stakeholders;

3. Infrastructure or enterprise risks identified during a Threat and Risk Assessment (TRA) must be managed by the appropriate stakeholder; and

4. Information Security-related business risks must be managed and accepted at the appropriate level within eHealth Ontario.

4 Policy Statements

It is eHealth Ontario's policy that:

General

1. Confidentiality, integrity, and availability Safeguards for Information, and Information Systems and resources under eHealth Ontario must be designed to comply with applicable requirements, including but not limited to legislative requirements (e.g., PHIPA and its Regulations) and agreements entered into between eHealth Ontario and external parties (e.g. the Ministry of Health and Long-Term Care).

2. All eHealth Ontario's Information and Information Technology (I&IT) Assets (Physical & Data) must be classified and protected according to the eHealth Ontario Information Classification Standard. Business owners are responsible for identifying and classifying I&IT Assets owned or created by their area.

3. All eHealth Ontario's I&IT Assets must be secured in line with legal and business requirements throughout the Asset lifecycle. Evaluation and selection of Information Security Safeguards for Sensitive Assets must address the following Domains where applicable:

    a. Network Communication;
    b. Access Control;
    c. Cryptography;
    d. Information Security Compliance;
    e. Security Incident Response;
    f. Vendor Management Security;
    g. Human Resource Security;
    h. Secure Software Development;
    i. Operations Security;
    j. Physical and Environmental Security;
    k. Information Classification and Handling; and
    l. Business Continuity.

4. The rationale and approval for the exclusion of any of the above domains from an assessment shall be documented.

5. New initiatives will identify Information Security requirements that must be included in its deliverable design. Information Security requirements must be documented to the same level of granularity as the deliverable requirements. Where applicable, these Information Security requirements will be included in the solution documentation for review by eHealth Ontario's gating bodies.

6. The design and implementation of eHealth Ontario's Information Systems and resources must:

a. comply with PHIPA and FIPPA, and all regulations thereunder, other applicable laws, and any other applicable legal requirements (such as agreements entered into between eHealth Ontario and external parties);

b. comply with eHealth Ontario privacy and Information Security policies and standards;

c. align with Information Security best practices;

d. include processes that record information about Information Security Incidents and communicate that information to the appropriate stakeholders;

e. include processes and technology to monitor the security of Information Systems and resources; and

f. include supporting materials to demonstrate compliance with this Policy.

7. Safeguards must be planned, documented, implemented, and tested (where applicable).

8. New or modified Safeguards must be recorded, evaluated, and approved by the appropriate stakeholder(s), before those Safeguards are implemented, changed or deleted.

9. Safeguards that do not successfully pass testing must be recorded, re-evaluated, and re-assessed for risk treatment by the appropriate stakeholder(s).

10. Where possible, security Safeguards must be auditable.

11. Technical security Safeguards will be reviewed periodically to verify that they are effective and continue to operate as planned.

12. Business Unit managers must ensure that all Information Security responsibilities within their area are carried out correctly and in a manner that complies with applicable Information Security requirements.

13. All Business Units within eHealth Ontario will be subject to regular audit to ensure compliance with applicable Information Security requirements.

14. Compliance with the requirements of this Policy will be subject to Internal Audit.

Personal Health Information and Personal Information

15. eHealth Ontario must comply with the requirements of PHIPA, FIPPA, and all regulations thereunder and any other applicable laws for personal health Information (PHI), Personal Information (PI) and other records. This includes, but is not limited to, the following mandatory requirements:

a. ensuring the necessary written agreements are executed and maintained where required under law or as a best practice;

b. keeping an electronic record of all access to PHI held within eHealth Ontario's data assets;

c. performing a security threat risk assessment (TRA) with respect to threats, vulnerabilities and risks to the confidentiality, integrity and, availability of the Information, Information System, Service or resource dealing with PHI and on request, making available a written copy of the summary of the TRA to each Health Information Custodian that provides PHI to eHealth Ontario; and

d. Describing the administrative, technical and physical Safeguards relating to the confidentiality, integrity and availability of the PHI as appropriate.

16. Personnel within eHealth Ontario will treat and handle PHI in accordance with PHIPA and the Regulation. This includes the following compulsory requirements:

    a. having proper authorization and written agreement from the Chief Privacy Officer before accessing or handling PHI;

    b. protecting the confidentiality, and integrity of PHI; and

    c. Immediately reporting potential unauthorized access / handling or loss of PHI to the responsible Manager and then the Enterprise Service Desk in accordance with eHealth Ontario's Privacy Incident and Breach Management Policy.

Information Security Risk Management

17. Information Security assessments must be performed on Sensitive Assets to identify risks. These assessments must be performed regularly, or in the event of a significant change.

18. Information Security risks will be evaluated with Risk Treatment options.

19. The treatment and acceptance of Information Security Risks must align with eHealth Ontario's Enterprise Risk Management Policy.

20. Residual Information Security risk(s) must be accepted by a person with the necessary authority (e.g. risk owners) within the organization.

21. The Business Unit Manager, in consultation with Cyber Security Services, must plan for the security of their Sensitive Assets. The security plan must include at least the following:

    a. appropriate management action, resources, responsibilities and priorities to mitigate identified Information Security Risks;

b. the confidentiality, integrity and availability Safeguards selected and their implementation plans;

c. the level of risk accepted;

d. the routine review of compliance to applicable security requirements; and

e. the routine review and improvement of Safeguard effectiveness.

External Parties

22. When exchanging Information with external organizations, or relying on Information technology infrastructure and Services provided by third parties, or an external party accessing eHealth Ontario Information or processing facility, eHealth Ontario must establish written contracts with these organizations which must include Information Security Safeguards.

23. In the event that any external party is seeking contractual terms that are not consistent with eHealth Ontario's standard positions, such variances must be assessed before deciding whether or not to proceed with such terms. Where there is a significant variance the security services risk management process will be followed in conjunction with input from stakeholders including relevant Business Units, Legal and Information Security teams, in order to determine whether to proceed.

24. Existing contracts and service agreements that do not meet the requirements of this Policy must be updated for compliance at the earliest reasonable opportunity, e.g. on contract renewal negotiation. Access to existing and new processing facilities must follow the process identified under Data Centre – eHealth Ontario Data Centre Escort Process.

Accountability

25. Any individual who causes or contributes to a Security Incident will be held accountable when his / her action is not consistent with the training received, job specification, agreement, policy, standard, or law.

5 Responsibilities

5.1 Board of Directors

The **Board of Directors** (**Board**) is accountable for oversight of eHealth Ontario's enterprise risk governance as a whole. The management and control of Information Security Risks is an integral part of an enterprise risk management framework, undertaken by the Strategic Planning & Operations Committee (SPOC), led by the **Chief Executive Officer (CEO)**, who reports regularly to the Board.

In collaboration with the CEO, the Board's specific oversight responsibilities include the following:

- Reviewing and approving this Policy;
- Overseeing eHealth Ontario's capability for security risk management, and setting the security risk tolerance and appetite;
- Ensuring the CEO has established clear and well understood accountabilities for Information Security within eHealth Ontario and that sufficient resources for Information Security are reflected in eHealth Ontario's annual business plan;
- Being regularly informed of significant security risks and actions being taken by Management to ensure risks are managed within the acceptable risk tolerance levels and the legal implications; and
- Being informed in a timely fashion of significant security breaches that impact eHealth Ontario and the Electronic Health Record and the steps taken by Management to effectively manage and mitigate the impact of such breaches.

5.2 Chief Executive Officer

The **Chief Executive Officer (CEO)** is accountable for:

- Ensuring that Senior Management has a clear understanding of security management expectations for which they will be held accountable;
- Ensuring that appropriate structures and sufficient resources are in place to protect the confidentiality, integrity and availability of the Assets under eHealth Ontario's control;
- Ensuring that there is a compliance framework in place for ensuring all eHealth Ontario Personnel comply with the principles and mandatory requirements of this Policy;

- Maintaining a relationship with the eHealth Ontario's Board, and communicating the Board's directions with regard to risk tolerance and security risk management expectations; and

- Ensuring Information Security risks are accepted and managed according to this Policy as required, including with Service Providers and other third parties.

5.3 Head of Technology and Operations and Chief Information Security Officer

The **Head of Technology and Operations** is accountable to the CEO for the Information security of eHealth Ontario, which is executed through the office of the **Chief Information Security Officer (CISO)**. The CISO is accountable for establishing and maintaining an eHealth Ontario-wide Information security management program and compliance framework to ensure that Information Assets are adequately protected. This Accountability includes putting in place measures to ensure that this Information Security Policy is well understood and adhered to by Service Providers.

This encompasses:

- Developing and monitoring a comprehensive enterprise Information Security program to ensure the confidentiality, integrity, and availability of Information;

- Supporting Information Security Governance through the implementation of a Security Governance framework and program that includes the development and maintenance of Information Security policies and standards;

- Supporting Business Unit/program leadership to implement practices that meet defined Information Security Policy and standard requirements;

- Identifying, evaluating and reporting on Information Security Risks in a manner that meets compliance or regulatory requirements, and aligns with eHealth Ontario's Enterprise Risk Management Framework;

- Defining the Information Security Posture for eHealth Ontario and requiring adherence to it in all agreements with Service Providers;

- Providing regular reporting on the current status of the Information Security program to Enterprise Risk Management;

- Developing a culture of Information Security awareness through training and education;

- Leading the design and operation of the Agency's Information Security incident management process;

- Providing information and advice to the Business Units to ensure consistent implementation of this Policy and the security standards of eHealth Ontario; and
- Working with contributors and viewing sites to ensure Security Risks at these sites are understood and mitigated in accordance with eHealth Ontario requirements.

5.4 Legal

The Legal Department is responsible for:

- Reviewing eHealth Ontario's insurance coverage to evaluate whether it meets eHealth Ontario's needs;
- Addressing Information Security considerations in contracts to which eHealth Ontario is a party;
- Providing advice and guidance on the management of Information Security breaches and Information Security policies and standards; and
- Monitoring and identifying legislative changes that may impact Information Security at eHealth Ontario.

5.5 Business Unit Head / Product Area Leaders

The Business Unit Head / Product Area Leader ("Leader") is accountable for the protection of the Information Assets within its assigned area of control. Leaders shall ensure that all Information Security risks are understood, documented, assessed, and mitigated according to eHealth Ontario's standards and guidelines. They shall also ensure Service Providers impacting their assigned area of control both understand and adhere to the Information Security Policy to the extent their services are subject to it.

Leaders are accountable for:

- Ensuring that all business operations and service delivery requirements within their assigned area of control follow and are in compliance with this Policy and the Information Security standards of eHealth Ontario;
- Ensuring that the requirements for Information Security are included in the design and development of solutions, and adherence to them is tested;

- Being aware of eHealth Ontario’s risk appetite, and ensuring that Information Security Risks are mitigated to the approved level;
- Allocating adequate funding and resources from within their assigned budgets for the Business Unit’s Information Security activities and responsibilities; and
- Ensuring that Personnel and Service Providers working within their assigned area of control are aware of their Information Security obligations.

5.6 Managers and all Personnel

Managers are responsible for ensuring Information Security risks within their assigned area of control are appropriately communicated within their teams.

Personnel are accountable for:

- Following all eHealth Ontario security policies, standards and procedures;
- Completing and passing the annual security training program;
- Reading, understanding, accepting and signing the Employee Privacy and Security Code of Conduct;
- Reading, understanding, accepting and signing the Acknowledgment of Confidentiality;
- Reading, understanding, and accepting the Information and Information Technology (I&IT) Resource Acceptable Use Policy; and
- Immediately reporting all known or suspected violations of eHealth Ontario’s Information Security policies, procedures and standards to the Enterprise Service Desk.

5.7 Procurement

The Procurement Department is responsible for:

- Ensuring all Contractors have undergone necessary screening, as per the Security Screening Policy; and
- Working with Cyber Security Services and the Legal Department to ensure appropriate language is included in contracts and Requests for Proposal related to Information Systems or otherwise as required.

5.8 Service Providers

Service Providers are responsible for:

- Complying with this Information Security policy and the applicable standards, or have evidence of sufficiently similar policies and /or standards; and
- Reading, understanding, accepting and signing the Privacy and Security Code of Conduct for Service Providers.

6 Glossary

In this Policy, the following meanings shall be used:

Accountability	The obligation to answer for results and the manner in which responsibilities are discharged. Accountability cannot be delegated.
Asset	A component or part of eHealth Ontario’s Information System to which the Owner directly assigns a value to represent the level of importance to the “business” or operations/operational mission of the Business Unit, and therefore warrants an appropriate level of protection. Asset types include, but are not limited to: Data, Information, hardware, communications equipment, firmware, documents/publications, environmental equipment, infrastructure, money, revenue, services and organizational image.
Business Continuity	Processes and procedures for ensuring continued business operations.
Business Unit	An operational group within eHealth Ontario, including but not limited to a division, department, program, or project, example: Clinical Repositories.
Contractors	Contractors are individuals procured through a procurement for a specified period to fill a permanent full time position temporarily, and on a day-to-day basis are managed directly by eHealth Ontario management.
Health Information Custodian (HIC)	As defined in PHIPA.
Information	In the context of this Policy, Information can be used interchangeably with Sensitive Information as defined below.
Information System	A combination of people, information technology hardware, software, information technology facilities, services and automated or non-automated processes that have been organized to accomplish eHealth Ontario mandate.
Owner	The individual – designated by eHealth Ontario’s management – responsible for the development, maintenance, and communication of the policy, process,

	procedure, etc. to achieve (related) business objectives in an effective and efficient manner.
Least Privilege	Least Privilege is the principle of allowing users or applications the least amount of permissions necessary to perform their intended function.
Personnel	Collectively, the following: current and former Employees; and current and former Appointees. Where: • Employee: A person whom through the execution of a contract of service, has entered into an employment relationship with eHealth Ontario and is classified in one of the following categories, as defined by the eHealth Ontario Human Resources Department: Full-Time Regular Employee, Full-Time Temporary Employee, Part-Time Temporary Employee, Part-Time Regular Employee or student.
Personal Health Information (PHI)	Has the meaning set out in section 4 of the Personal Health Information Protection Act, 2004 (PHIPA), and generally means identifying Information about an individual in oral or recorded form pertaining to that person's health or health services provided to the individual.
Personal Information (PI)	Has the meaning set out in section 2 of the Freedom of Information and Protection of Privacy Act (FIPPA) as: recorded Information about an identifiable individual, including, (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual, (b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or Information relating to financial transactions in which the individual has been involved, (c) any identifying number, symbol or other particular assigned to the individual, (d) the address, telephone number, fingerprints or blood type of the individual, (e) the personal opinions or views of the individual except where they relate to another individual, (f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence, (g) the views or opinions of another individual about the individual, and (h) the individual's name where it appears with other Personal Information relating to the individual or where the

	disclosure of the name would reveal other Personal Information about the individual.
Risk Treatment	Management’s decision to manage the risk, (transfer, avoid, mitigate, accept) and action(s) that may be taken to bring the risk situation to a level where the exposure to risk is acceptable to eHealth Ontario based on risk appetite.
Safeguard	A precautionary measure, stipulation, device, technical or non-technical solution to prevent an undesired incident from occurring.
Security Incident	Any activity that could compromise the security of Information or systems, including but not limited to, a social engineering attempt such as a request for a password, loss of a laptop or blackberry, a computer virus infection, degradation of a system, unauthorized changes to files or file sizes, or the addition of files.
Security Posture	The security status of an enterprise’s networks, information, and systems based on information security resources (e.g., people, hardware, software, policies) and capabilities in place to manage the defense of the enterprise and to react as the situation changes.
Segregation of Duties	Principle of having more than one person required to complete a specific task. This process is a control used to prevent fraud and error.
Sensitive Information	Information that if released without authorization would cause harm, embarrassment, or unfair economic advantage, i.e., a breach of confidentiality of Personal Information, Personal Health Information, unauthorized modification of financial data, or a release of pre-budget information and strategic planning documents.
Service Provider	An individual or entity that eHealth Ontario contracts with to provide goods or services that assist in the delivery of eHealth Ontario Services. The term includes but not limited to vendors, and consultants.

7 References and Associated Documents

The following documents are associated with this policy and may be consulted for additional detail or policy interpretation.

References	Location
Personal Health Information Protection Act, 2004 (PHIPA)	https://www.ontario.ca/laws/statute/04p03
Freedom of Information and Protection of Privacy Act	https://www.ontario.ca/laws/statute/90f31
ISO 27002	http://www.iso.org/iso/home/store/catalogue_tc/catalogue_detail.htm?csnumber=54533
Documents	**Location**
Access Control Standard	Please contact Cyber Security Services for viewing.
Code of Conduct Policy	Please contact Cyber Security Services for viewing.
Cryptography Standard	Please contact Cyber Security Services for viewing.
Data centre – eHealth Ontario Data centre Escort Process	Please contact Cyber Security Services for viewing.
Enterprise Risk Management Framework	Please contact Cyber Security Services for viewing.
I&IT Resources Acceptable Use Policy	Please contact Cyber Security Services for viewing.
Data Handling Guidelines	Please contact Cyber Security Services for viewing.
Information Classification Standard	Please contact Cyber Security Services for viewing.
Media Disposal Standard	Please contact Cyber Security Services for viewing.
Network Communications Standard	Please contact Cyber Security Services for viewing.
Privacy and Security Standard of Conduct	Please contact Cyber Security Services for viewing.
Privacy Policy on the Responsibilities of Third Party Service Providers	Please contact Cyber Security Services for viewing.
HR Security Standard	Please contact Cyber Security Services for viewing.
Security Standard – Database	Please contact Cyber Security Services for viewing.
Security Standard – Unix Servers	Please contact Cyber Security Services for viewing.
Security Standard – Windows Servers	Please contact Cyber Security Services for viewing.
Software Security Standard	Please contact Cyber Security Services for viewing.
Forms	**Location**
Security Risk Acceptance form_June2014.docx	Please contact Cyber Security Services for viewing