

# ECS 235B Module 34

## Clinical Information Systems

### Security Policy

# Clinical Information Systems Security Policy

- Intended for medical records
  - Conflict of interest not critical problem
  - Patient confidentiality, authentication of records and annotators, and integrity are
- Entities:
  - Patient: subject of medical records (or agent)
  - Personal health information: data about patient's health or treatment enabling identification of patient
  - Clinician: health-care professional with access to personal health information while doing job

# Assumptions and Principles

- Assumes health information involves 1 person at a time
  - Not always true; OB/GYN involves father as well as mother
- Principles derived from medical ethics of various societies, and from practicing clinicians

# Access

- Principle 1: Each medical record has an access control list naming the individuals or groups who may read and append information to the record. The system must restrict access to those identified on the access control list.
  - Idea is that clinicians need access, but no-one else. Auditors get access to copies, so they cannot alter records

# Access

- Principle 2: One of the clinicians on the access control list must have the right to add other clinicians to the access control list.
  - Called the *responsible clinician*

# Access

- Principle 3: The responsible clinician must notify the patient of the names on the access control list whenever the patient's medical record is opened. Except for situations given in statutes, or in cases of emergency, the responsible clinician must obtain the patient's consent.
  - Patient must consent to all treatment, and must know of violations of security

# Access

- Principle 4: The name of the clinician, the date, and the time of the access of a medical record must be recorded. Similar information must be kept for deletions.
  - This is for auditing. Don't delete information; update it (last part is for deletion of records after death, for example, or deletion of information when required by statute). Record information about all accesses.

# Creation

- Principle: A clinician may open a record, with the clinician and the patient on the access control list. If a record is opened as a result of a referral, the referring clinician may also be on the access control list.
  - Creating clinician needs access, and patient should get it. If created from a referral, referring clinician needs access to get results of referral.

# Deletion

- Principle: Clinical information cannot be deleted from a medical record until the appropriate time has passed.
  - This varies with circumstances.

# Confinement

- Principle: Information from one medical record may be appended to a different medical record if and only if the access control list of the second record is a subset of the access control list of the first.
  - This keeps information from leaking to unauthorized users. All users have to be on the access control list.

# Aggregation

- Principle: Measures for preventing aggregation of patient data must be effective. In particular, a patient must be notified if anyone is to be added to the access control list for the patient's record and if that person has access to a large number of medical records.
  - Fear here is that a corrupt investigator may obtain access to a large number of records, correlate them, and discover private information about individuals which can then be used for nefarious purposes (such as blackmail)

# Enforcement

- Principle: Any computer system that handles medical records must have a subsystem that enforces the preceding principles. The effectiveness of this enforcement must be subject to evaluation by independent auditors.
  - This policy has to be enforced, and the enforcement mechanisms must be auditable (and audited)

# Compare to Bell-LaPadula

- Confinement Principle imposes lattice structure on entities in model
  - Similar to Bell-LaPadula
- CISS focuses on objects being accessed; Bell-LaPadula on the subjects accessing the objects
  - May matter when looking for insiders in the medical environment

# Compare to Clark-Wilson

- CDIs are medical records
- TPs are functions updating records, access control lists
- IVPs certify:
  - A person identified as a clinician is a clinician;
  - A clinician validates, or has validated, information in the medical record;
  - When someone is to be notified of an event, such notification occurs; and
  - When someone must give consent, the operation cannot proceed until the consent is obtained
- Auditing (CR4) requirement: make all records append-only, notify patient when access control list changed

# Quiz

If a patient is mentally incompetent to manage their own health, a court can appoint a guardian to act on the patient's behalf. Which principle applies, and how is this special case handled?

1. Confinement Principle; a copy of the patient's medical record is created, and the access control list contains *only* the guardian
2. Access Principle 3; the guardian can give consent on behalf of the patient
3. Access Principle 2; the responsible clinician can add the guardian to the access control list
4. Enforcement Principle; the auditor must disclose the record to the guardian