

Notification Statistics

Number of Individuals Notified



AVERAGE:

87,952

Notifications by Industry

Hospitality (Food/Beverage, Retail)	627,723
Education	46,783
Business & Professional Services	8,284
Healthcare	6,470
Finance & Insurance	3,572
Other	2,729
Nonprofit	957
Government	927
Aerospace & Defense	275

Take Action:

Keys to Shortening the Timeline

- Increase SIEM log storage to look back at incidents.
- Identify a forensic firm in advance, and conduct onboarding to speed the process later.
- Use endpoint security tools to get visibility faster.
- Be mindful that the pressure to move quickly must be balanced with the need for a complete, thorough investigation and effective containment.

Incident Response Plan

1. Preparation

Review and update response plan. Develop response capabilities. Test response plan. Promote awareness of plan.

2. Identification

 Initial incident detection, triage, and escalation to appropriate incident response team members. Formation of appropriate response team. Determine need to not external parties.

3. Assessment

Conduct analysis necessary to properly prioritize respondactivities, including resource needs. Begin to form communication and containment action plans. Assess preservation and mitigation needs.

4. Communication

 Finalize and execute any initial notification plans to internal and external parties.

5. Containment

Take incident specific actions to stop the incident from continuing.

6. Eradication

Determine and eliminate the cause of the incident. Repair any unauthorized changes. There is often a cycle back to identification, analysis, and containment in this phase.

7. Recovery

Finalize mitigation of incident and restore system to normal operational state and implement measures to prevent incident reoccurrence.

8. Follow-Up

Analyze plan effectiveness and areas for improving response and security measures to prevent future incidents and be better prepared to respond to future incidents (a return to the preparation phase).

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Incident Response Timeline

Detection

Containment

Analysis

Notification

The time from initial occurrence to detection continues to be where entities have the most room to improve.

Ending the attack is critical to reducing exposure, and incident response teams continue to find faster containment strategies.

Forensic analysis is getting faster and more sophisticated, with new tools and increased personnel. With local, national, and internet media continuing to make data breaches headline news, entities feel increased pressure to make notifications quickly.

Source: 2018 BakerHostetler Data Security Incident Response Report

Let Forensics Drive the Decision Making

- Know where your "crown jewels" are, have accurate network diagrams, log access, and internal imaging/collection capabilities.
- Vet several vendors and negotiate the MSA before an event happens.
 - Do on-boarding with primary forensic firm before an incident
 - Review technical incident response capabilities and run books preincident.
- Have a backup one firm may not be available or appropriate for all events.
- Retain counsel for incident response that understands technology and cyber issues to reduce response time.
- Establish protocols to maintain privilege
- Perform tabletop exercises with your vendors

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Credit Monitoring Why Offer? It mitigates harm, positively changes affected individuals' expectations and regulators' expectations. Why Not Offer? It does not prevent fraudulent charges on payment cards. It may impact litigation position. Low redemption rate. BakerHostetler, 2018 Data Security Incident Response Report, (2018)

The Importance of Messaging

Goals

- Comply with all applicable laws and regulations
- Be thorough and descriptive without causing unnecessary concern.
- Provide reassurance without overpromising
- Strive for openness and transparency without creating unnecessary risk

Risks

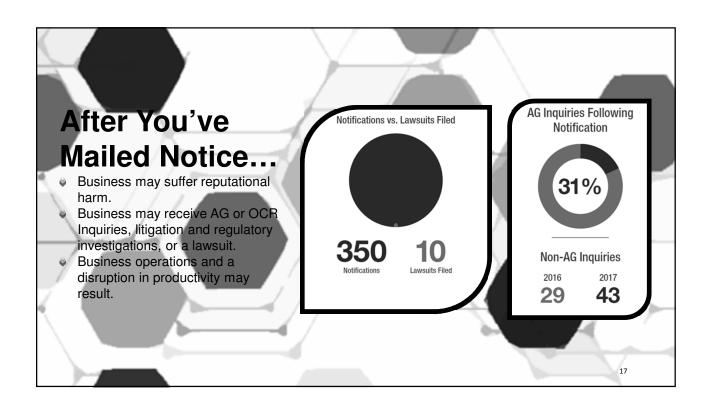
- Complaints
- Negligence, Invasion of Privacy Lawsuits
- Class Action Lawsuits
- Regulatory Action
- Damage to Brand and Trust

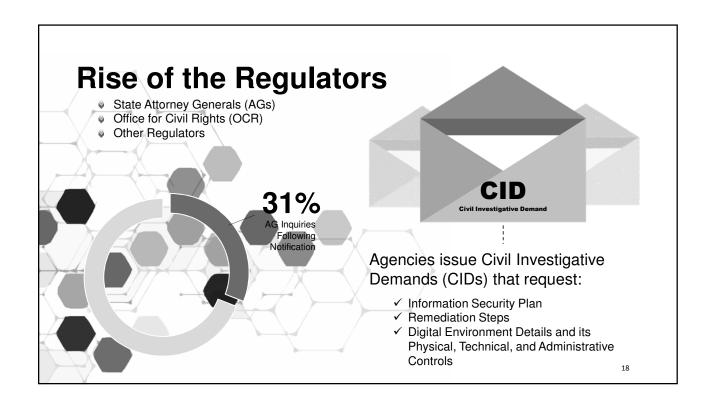
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The Importance of Messaging

Communication Don'ts.

- Don't speak too early and/or "on the fly."
- Don't use a misleading initial holding statement
- Don't fall victim to saying too much or being too reassuring.
- Don't make logistical mistakes (e.g., call center)
- Don't assume you have to answer all media inquiries
- Don't over-apologize
- Don't leave out helpful evidence
- Don't call yourself a victim
- Don't overstate the security measures you had in place.
- Don't overstate new security measures
- Don't ignore regulators





The Privacy "Patchwork"

- Federal & state laws govern the han-PII/PHI
 - · Laws covering SSNs / disposal of PII
 - · Employment-related laws (e.g. FMLA, A
 - Other federal and state regulations (e.g. Mass. Regs)
- HIPAA
 - · Applies to Covered Entities and Busines
 - · Preempted except where state law is "n
- State breach notification laws
- State medical information breach reg
- International data protection regulation



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HIPAA

Breach by a Covered Entity



- Applies To: A health plan, health care clearinghouse and health care provider who transmits any health information in electronic form in connection with a covered transaction.
- Information Covered: Unsecured PHI— individually identifiable health information that is transmitted or maintained in electronic media or any other form or media (encryption=safe harbor).
- **Definition of Breach:** The acquisition, access, use, or disclosure of PHI in a manner not permitted by the HIPAA Privacy Rule, which compromises the security or privacy of the PHI.
- Who Must Be Notified: The patient or their personal representative, HHS, and the media if more than 500 residents of a state or jurisdiction are affected.
- Notification Timeframe: Without unreasonable delay and in no case later than sixty (60) calendar days after the breach is discovered.
- <u>Preemption</u>: HIPAA preempts state law unless state law is more restrictive.

Definition of "Breach" in Final Rule

- Acquisition, access, use, or disclosure of unsecured protected health information in a manner not permitted under the HIPAA Privacy Rule is presumed to be a breach. . .
- <u>Unless</u> the Covered Entity or Business Associate can demonstrate that there is a <u>Iow probability that the PHI has</u> <u>been compromised</u> based on a risk assessment.
- Compromise is not defined. . .



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HIPAA Breach Risk Assessment

- Must be documented
- Must evaluate at least the following 4 factors:
 - 1. The nature and extent of the PHI.
 - 2. The unauthorized person involved.
 - 3. Whether the PHI was actually acquired or viewed.
 - 4. Extent to which any risk has been mitigated.



OCR Hot Buttons

- · Recent Focus on Hacking Rela
 - · Intrusion Detection Software
 - · Anti-Virus Software
 - · Logging
 - · Updating
 - · Access Controls
 - · Training
- Mobile Devic0.e and Transmis
 - Encryption
 - · Device Inventory, Tracking, and
 - Facility Security and Theft Previous
- Risk Assessments and Risk M
- Third Party Access to PHI / Bu Associates
- · Staff Education and Sanctions



OCR Resolution Agreements

- Providence Health & Services (\$100K)
- CVS Pharmacy (\$2.25M)
- Rite-Aid (\$1M)
- Management Services Organization of Washington (\$35K)
- Cignet (\$4.3M)
- Massachusetts General Hospital (\$1M)
- UCLA Health Services (\$865K)
- Blue Cross Blue Shield of Tennessee (\$1.5M)
- Alaska Medicaid (\$1.7M)
- Phoenix Cardiac Surgery, P.C. (\$100K)
- Massachusetts Eye and Ear Infirmary (\$1.5M)
- Hospice of North Idaho (\$50K)
- Idaho State University (\$400K)
- Shasta Regional Medical Center (\$275K)
- WellPoint (\$1.7M)
- Affinity Health Plan (\$1.2M)
- Adult & Pediatric Dermatology, P.C. of Massachusetts (\$150K)
- Skagit County, Washington (\$215K)
- QCA Health Plan, Inc. (\$250K)
- Concentra Health Services (\$1.725M)
- New York and Presbyterian Hospital (\$3.3M)
- Columbia University (\$1.5M)
- Parkview Health System (\$800K)
- Anchorage Community Mental Health Services (\$150K)

OCR Resolution Agreements

- Cornell Prescription Pharmacy (\$125K) St. Elizabeth's Medical Center (\$216.4K)
- Cancer Care Center (\$750K)
- Lahey Hospital and Medical Center (\$850K)
- Triple-S Management Corporation (\$3.5M)
- University of Washington Medicine (\$750K)
- Lincare (\$239.8K)
- Complete P.T. Pool & Land Physical Therapy (\$25K)
- North Memorial Healthcare (\$1.55M)
- Feinstein Institute for Medical Research (\$3.9M)
- Raleigh Orthopaedic Clinic, PA of N. Carolina (\$750k)
- New York Presbyterian Hospital (\$2.2M)
- Catholic Health Care Services of the Archdiocese of Philadelphia (\$650K)
- Oregon Health & Science University (\$2.7M)
- University of Mississippi Medical Center (\$2.75M)
- Advocate Health Care Network (\$5.55M)
- Care New England Health System (\$400K)
- St. Joseph Health (\$2.14M)
 University of Massachusetts Amherst (\$650K)
- Presence Health (\$475K)
 Children's Medical Center of Dallas (\$3.2M)
- Memorial Healthcare System (\$5.5M)
 The Center for Children's Digestive Health (\$31K)
- CardioNet (\$2.5M)
- 21st Century Oncology (\$2.3M)
- Saint Luke's Roosevelt Hospital Center, Inc. (\$378K)
- Filefax (\$100K)
- University of Texas MD Anderson Cancer Center (\$4.3M)

State Laws

- 50 States, D.C., & U.S. territories
- Laws vary between jurisdictions
- Varying levels of enforcement by state attorneys general
- Limited precedent



International Breach Notification

- Several Non-U.S. jurisdictions have security breach notification requirements
 - Some are specific to certain industries.
 - Some only require notification to a regulator.
- In certain countries, authorities have issued "guidance" for providing breach notification.
- GDPR imposes a 72-hour notification requirement.



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GDPR Breach Notification

"Personal data breach": incident in security leading to the accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to, personal data transmitted, stored, or otherwise processed

Data controller must notify the competent Supervising Authority without undue delay and, where feasible, not later than 72 hours after discovery

If more than 72 hours later, must give reason for delay

Content: (1) Description of incident (number affected, categories of data subjects and dat records); (2) DPO contact information; (3) likely consequences of incident, including mitigation efforts

Individual notification required if there's a high risk (with exceptions)

Data processor must notify data controller "without undue delay" but no strict deadline
Entities operating in the EU should prepare a GDPR-compliant data security incident response
plan

GDPR Applicability

- GDPR only applies to organizations outside of the EU to the extent that they offer goods and services to or monitor the behavior of EU data subjects.
- Key Questions
 - 1. Offering goods in services
 - Do you have any representatives or offices in the EU?
 - Does your website have a domain with an EU extension (e.g. .f. .es, .de)?
 - Do you provide a telephone number with an EU country code?
 - Do any of your promotional or marketing materials mention EUbased clientele?
 - 2. Monitoring the behavior of EU data subjects
 - Do you track subjects on the internet (e.g. cookies)?
 - Do you use data processing techniques to profile data subjects, their behaviors or attitudes?

