

# BUILDING AN EFFECTIVE INCIDENT RESPONSE PLAN FOR



## HYPOTHETICAL HEALTHCARE, INC.



# AGENDA

- Overview / Purpose / Scope
- NIST Incident Response Guidelines
- Playbooks
- Incident Response Tabletop Test
- Incident Response – Lessons Learned
- Take Home



The Incident Response Plan (IRP) **establishes a protocol to respond to information security incidents** that pose a threat to the privacy of confidential and /or sensitive information for the organization and its customers.

Hypothetical Healthcare Inc. Incident Response Plan – Version 1.0



**Hypothetical Healthcare, Inc.  
Incident Response Plan**

Document Version: 1.0

Board Approved

April 18, 2024



# Purpose

The IRP should clearly define the incident handling process and procedures used by the organization to respond to threats to ensure the protection of organizational and customer information.

It should be used to respond to any type of detected security incident that compromises physical or digital information.

Types: cybersecurity attacks | social engineering attacks | internal theft of information | virus/malware intrusion | data breaches | attack on critical medical devices | overt unauthorized access to organizational physical sites or datacenters.

Hypothetical Healthcare Inc. Incident Response Plan – Version 1.0



**Hypothetical Healthcare, Inc.**  
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**The IRP applies to all information assets that are protected within the organization system boundary including:**

- Protected Health Information (PHI) and electronic protected health information (e-PHI) assets
- Company-owned assets and/or
- Assets contracted for use through third-party service providers

Hypothetical Healthcare Inc. Incident Response Plan – Version 1.0



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# NIST Incident Response Guidelines

## NIST Cybersecurity Framework v2.0

# NIST

National Institute of Standards and Technology

## NIST SP 800-61, Computer Security Incident Handling Guide



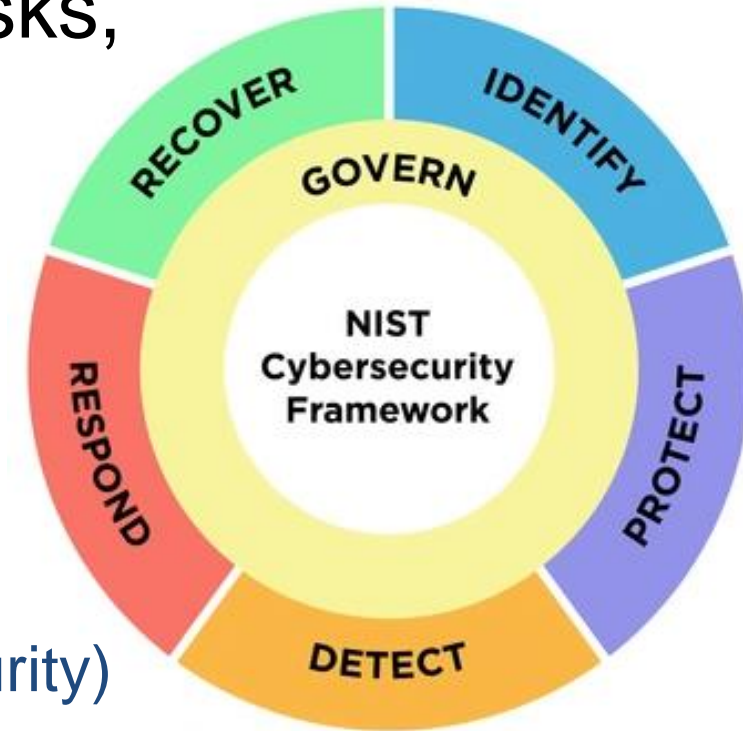
# NIST Incident Response Guidelines

## NIST Cybersecurity Framework v2.0

helps organizations manage cybersecurity risks, understand, assess, prioritize, and communicate its cybersecurity efforts.

Features:

- 6 Functions / 22 Categories / 106 Subcategories
- Current Profile (helps identify current security posture)
- Target Profile (helps identify where you want to be)
- 4 Tiers (i.e., helps identify how risk are managed / maturity)

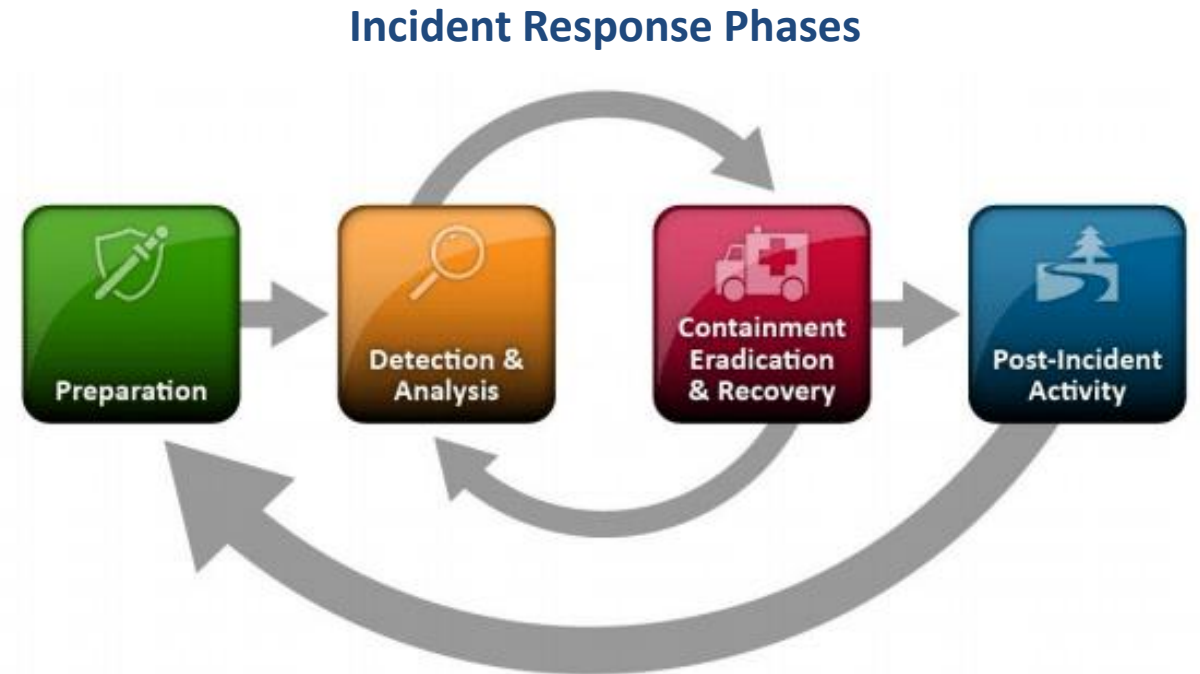


Information Security | Incident Response | Business Continuity / Disaster Recovery | Third-Party Risk Management



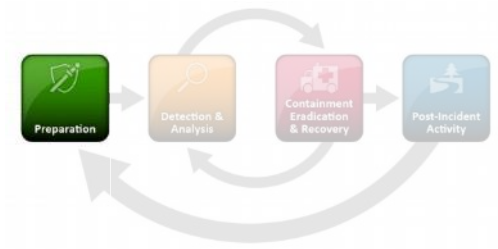
# NIST Incident Response Guidelines

**NIST SP 800-61, Computer Security Incident Handling Guide** helps organizations provides establish an incident response capability to detect and resolve information security incidents that may have an impact on physical or electronic information.





# Planning and Preparation

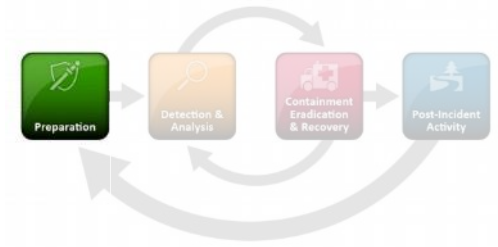


The NIST Incident Response methodology emphasizes preparation to...

- **establish an incident response capability** so that the organization is ready to respond to incidents
- **prevent incidents** by ensuring that systems, networks, and applications are sufficiently secure.



# Planning and Preparation

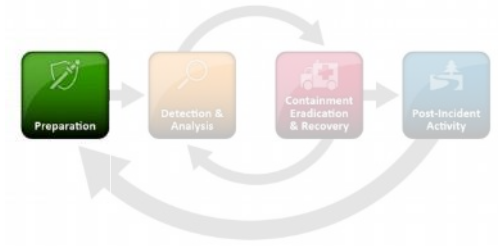


## Building an effective Incident Response capability involves:

- Policy, Plan, Procedures, and Playbooks
- Security Risk Assessments
- Employee Security Awareness Training
- Incident Response Testing



# Planning and Preparation



Hypothetical Healthcare Inc. Incident Response Plan – Version 1.0

4.1.1 Roles and Responsibilities

Refer 4.1.2 Incident Response Team

Roles Refer 4.1.3 Critical Vendor List

Execu IRT R Re 4.1.4 Government / Customer Contacts

IRT Li Ve Na Refer 4.1.5 Security Breach – HHS OCR Reporting Requirements (within 60 days)

IRT Li [ISI] Agen Submitting Notice of a Breach to the Secretary

Info [Cy Ins] FBI N A covered entity must notify the Secretary if it discovers a breach of unsecured protected health information. See [45 C.F.R. § 164.408](#). All notifications must be submitted to the Secretary using the [Web portal](#).

IRT M [Co Xci] U.S. I Health Breaches Affecting 500 or More Individuals

IRT M [CIS] Inter cov If a breach of unsecured protected health information affects 500 or more individuals, a

Incide [Te] [Clien requ] [Clien requ] **U.S. Department of Health and Human Services  
Office for Civil Rights  
Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information**

IT Security Com [Clien requ] Bre Form Approved: OMB No. 0945-0001

AW --- If a cov This site is available as we continuously work to make improvements to better serve the public. Should you need assistance with this site or have any questions, please email [ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov) or call us toll-free: (800) 368-1019, TDD toll-free: (800) 537-7697.

AWS Elastic Disaster Recovery (AWS DRS) To file a breach report, please enter information in the wizard pages below. A field with an asterisk (\*) before it is a required field. [Download Sample Form \(PDF\)](#)

M365 E3 and F3 cor ele not **General** Contact Breach Notice of Breach and Actions Taken Attestation Summary

Users **General: Please supply the required general information for the breach.**

\* Report Type: What type of breach report are you filing?  Initial Breach Report  Addendum to Previous Report

Sec If you have questions or would like to provide feedback about the Health Insurance Portability and Accountability Act (HIPAA) Breach Notification process, or OCR's investigative process, please send us an email at [OCRBreachreportingfeedback@hhs.gov](mailto:OCRBreachreportingfeedback@hhs.gov).

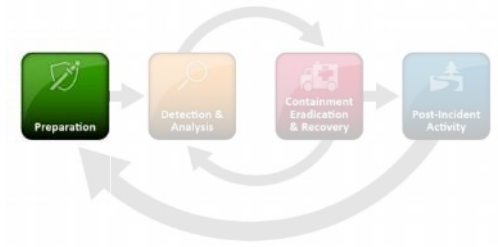
3. Organization "Covered Entity" Contact Information
4. Type of Covered Entity
5. Covered Entity Point of Contact (name, position, telephone, email)

## Incident Response Plans consider:

- Roles and Responsibilities
- Incident Response Team
- Critical Vendors
- Government / Customer Contacts
- Incident / Breach Reporting
- Preventive Measures



# Planning and Preparation

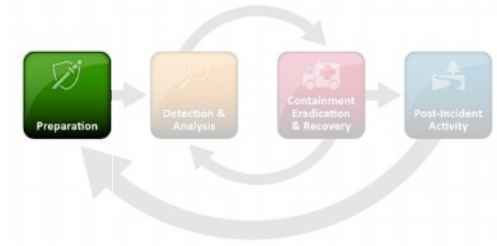


## IR Plans should consider **Preventive Measures**:

- **Incident Response Testing:** Periodically test the plan to identify the vulnerabilities and risks, determine lessons learned, and enhance security measures.
- **Third-party Testing:** Penetration Testing and Vulnerability Scanning
- **Host and Network Security:** Hosts are hardened to standard configurations. Perimeter firewalls are configured to “deny-all” with “permit-by-exception” for identified services/connections (e.g., VPN, dedicated connections).
- **Malware Prevention:** Endpoint Detection Response (EDR) and Security Information and Event Management (SIEM) capability.
- **User Awareness Training:** All users receive awareness training on security policies and procedures including common threat tactics (e.g., phishing) and insider threat. Training is conducted during onboarding and annually as a refresher.



# Planning - Playbooks



Hypothetical Healthcare Inc. Incident Response Plan – Version 1.0

## 5 Playbook Scenario

### 5.1 Cybersecurity Incident

#### 5.1.1 Detection & Analysis

- IT Administrator** is notified the system notification).
  - IT Administrator** will notify
  - If DDoS occurs, **IT Administrator**
- Notify SOC. IT Lead** will coordinate:
  - SOC Contact Information -
  - The SOC initiates Incident I

Ensure the following is identified:

  - Assigned SOC point of contact
  - Established communication (e.g., hourly)
  - Established clear path to
  - Root Cause Analysis up

- Contact Cyber Insurance Provider** to provide investigation assistance.
 

Contact information below:

  - [Name of Cyber Insurance]
  - Email:
  - Toll free:

- Please include the following in:
- Policy Number:
  - Your Contact Information:
  - Brief Incident Description:
  - Insured by:
  - Policy Number:
  - Insurance Carrier:
  - Effective Date:

#### 4. Establish IRT Communication

- Identify type of event.** The IRT collaborates with the SOC to analyze root cause and identify the

| Event Type                    |
|-------------------------------|
| Ransomware                    |
| Virus/Malware                 |
| Zero-day Attacks              |
| Distributed Denial of Service |
| Physical Incident             |

#### 5.1.2 Containment & Eradication

- The SOC investigates the incident in accordance with the SLA.** The SOC remains in contact with IRT until incident resolution.
- Determine Next Steps.** The IRT collaborates with SOC to conduct appropriate steps to contain and remediate the incident.
- Redirect services during disruption.** The IRT Lead redirects management and staff to alternative servers and/or services during the incident disruption.
  - If main servers are down, redirect users to appropriate cloud services during disruption.
  - IT Administrator** reviews backup/restore procedures for affected system or specific users affected.
- Preserve forensic evidence.** IT Administrator may need to preserve forensic evidence depending on the extent of the incident.
  - The Insurance Company or Third-Party Forensics may have guidance
  - The SOC will need to provide information and potential access to SIEM logs as needed.
- Determine notification necessary.** IRT must determine the customer notification, government authority notification, insurance company and attorney notification are necessary, based on initial findings through identification, analysis, containment, and remediation/eradication steps.
  - Necessary personnel identify the initial source of the breach.
  - Necessary personnel documents the facts of the incident.
  - Necessary personnel contact the appropriate parties required.
  - If data is compromised, refer to section 4.1.5 Security Breach – HHS OCR Reporting Requirements (within 60 days), and Appendix C.

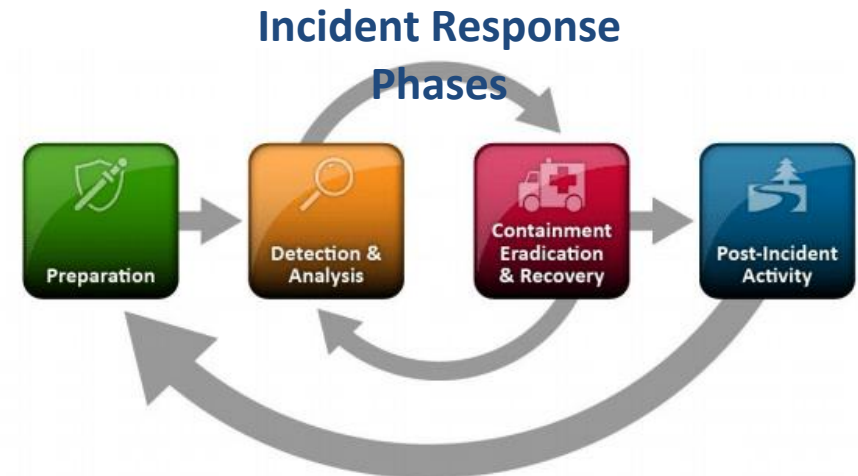
#### 5.1.3 Recovery

- Restore services.** IT Lead coordinates with recovery service provider (i.e., service provider) to restore lost data, servers, and file shares once remediation has taken place.
- Verify services are restored.** IRT verifies that containment, remediation/eradication, and recovery efforts are complete, and systems are operating satisfactorily.
- Verify Building Security System is operational.** IRT Facilities/Operations will ensure security systems are working for physical security..

#### 5.1.4 Post-Incident Activity

- Document the incident.** The IRT, in conjunction with the SOC, conducts a reasonable investigation and documents the incident on the Incident Response Form, attaching as much supporting documentation as possible to allow for a full analysis of the source and

Playbooks document the steps used to respond to a specific scenarios using the Incident Response phases...



# Detection & Analysis

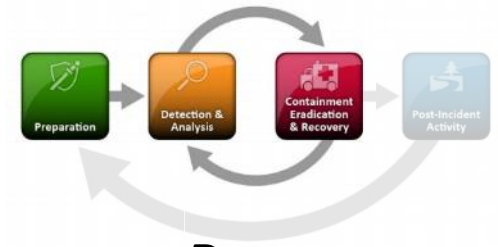


**Incident detection** occurs either by human observation, or through system monitoring (e.g., SIEM, IDS/IPS (Intrusion Detection/Intrusion Prevention), EDR, anti-malware software, event logs).

**Analysis** involves gathering and comparing related events against the system baseline (expected behavior) to determine deviations or anomalies that may be occurring.



# Containment, Eradication & Recovery



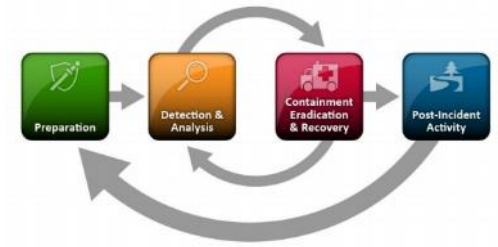
**Containment** of the incident is necessary to minimize and isolate the damage. Root cause analysis should be conducted, and may require third party support (e.g., SOC, forensic analysis).

**Eradication** involves eliminating components of the incident. For example: deleting malware, disabling compromised accounts, identifying/mitigating exploited vulnerabilities. It is important to identify all affected hosts within the organization systems for remediation.

**Recovery** involves restoring systems to normal operations, confirming system functionality is normal, and conducting necessary remediation activities to prevent similar incidents. For example: restoring system backups, rebuilding systems, patching and updates, account management, finetuning firewalls, and increasing system monitoring (e.g., EDR, SIEM) to prevent future attacks.



# Post-Incident Activities



| Incident Response Report  |  |                         |           |
|---|--|-------------------------|-----------|
| <b>Person Involved</b>  |  |                         |           |
| <b>Department</b>   |  | <b>Job Title</b>        |           |
| <b>Supervisor</b>   |  |                         |           |
| <b>Date of Incident</b>   |  | <b>Time</b>             |           |
| <b>Location</b>   |  | <b>Incident ID</b>      |           |
| <b>Incident Details</b>   |  |                         |           |
| <input type="checkbox"/> <b>Cyber Incident</b><br>(e.g., Phishing, Ransomware, DDoS, Virus/Malware) |  | Describe what happened: |           |
| <input type="checkbox"/> <b>In-Person Incident</b><br>(e.g., Social engineering)                    |  | Describe what happened: |           |
| <input type="checkbox"/> <b>Phone Incident</b><br>(e.g., Social engineering)                        |  | Describe what happened: |           |
| <b>Areas for improvement</b>  |  |                         |           |
| •   |  |                         |           |
| <b>Lessons learned</b>  |  |                         |           |
| •   |  |                         |           |
| Recommended actions   |  | Responsibility          | Timeframe |
| 1.  |  |                         |           |
| 2.  |  |                         |           |
| 3.  |  |                         |           |
| <b>Incident Response Report APPROVED</b>  |  |                         |           |
| <b>Name</b>   |  | <b>Position</b>         |           |

Once the incident is resolved, **the Incident Response Team conducts an incident review to capture lessons learned** (e.g., vulnerabilities, enhancements) used to improve the process.





# Incident Response Tabletop Test



This tabletop/supervised walkthrough exercise is a facilitated discussion about what the organization would do in response to a **compromised system with full access to ePHI data.**





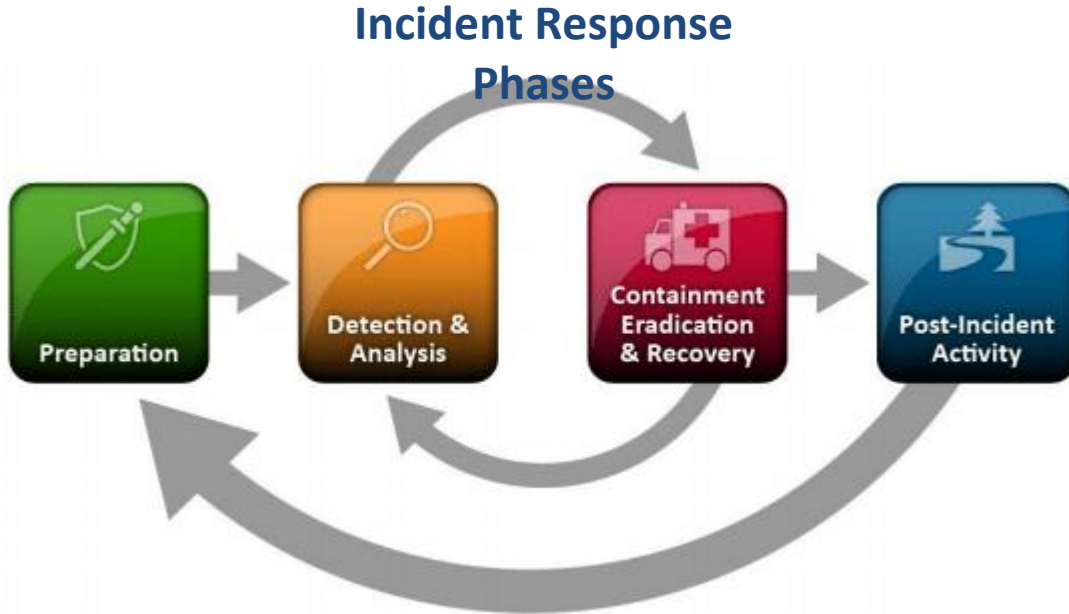
- To **assess the healthcare organization's ability to respond** using your current plans, policies, capabilities, and resources;
- To **help identify improvements** that could make the difference in keeping your organization operational during/after an event.



- **Promote common understanding** of how the organization responds to a cybersecurity incident
- **Identify opportunities** for improvement
- **Strengthen collaboration** between team leaders



# Policy Highlights: Incident Response



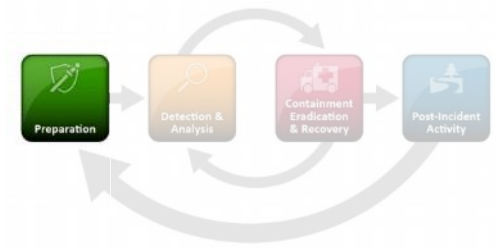
**Everyone plays a role in information security...**

**If you see something, say something!**

**Report security incidents to: CISO or IT Helpdesk**



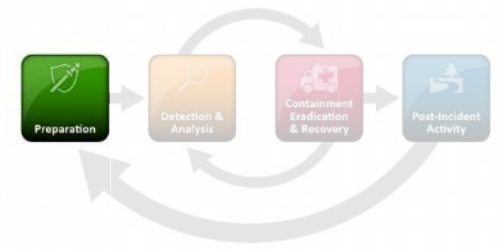
# Planning and Preparation



- **Know how to locate the Incident Response Plan**
- **Know your role** in response to a cyber incident
- **Update the plan periodically** for changes in infrastructure and organizational changes
- **Perform testing of the plan periodically**
- **Employee Training** – train often and use different methods to test employee knowledge
- **Identify critical process owners/key decision makers**



# Unauthorized Access Scenario - 1



**Monday, 8:00am**

While logging into the workstation, a provider (a.k.a. JW) realizes a **strange new folder on his desktop** containing **system files**. The **provider notified IT helpdesk** of the situation immediately.



# Unauthorized Access Scenario - 1



## Monday, 8:00am

While logging into the computer, a provider (a.k.a. JW) realizes a **strange new folder on his desktop** containing **system files**. The **provider notified IT helpdesk** of the situation immediately.

### Detection and Analysis:

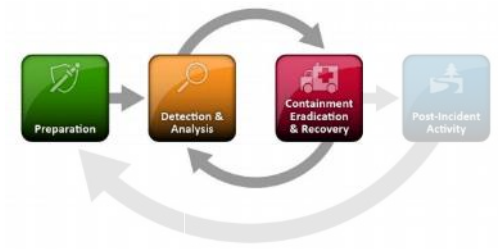
- What is the plan for **Detection & Analysis**?
- Who contacts Incident Response Team?
- Type of event? Severity?
- What services are impacted?

### Services to Consider:

- Network Infrastructure & Connectivity
- Electronic Health Records Systems
- Patient Care Platforms
- Mission Critical Medical Devices
- Cloud Storage Service
- Microsoft Office / Applications
- Telephone Communications
- E-mail Communications
- Security & Facilities
- Backup Recovery Service



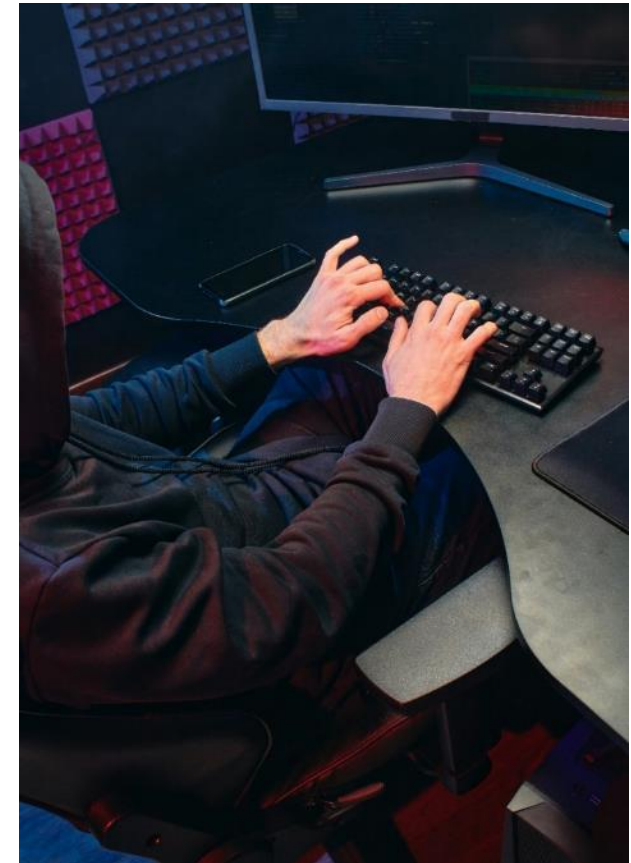
# Unauthorized Access Scenario - 1



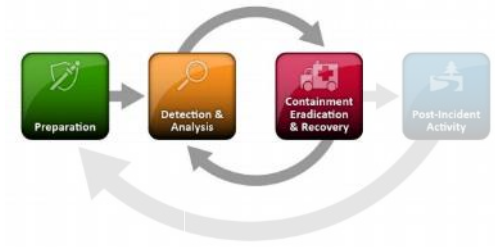
Monday, 10:00am

The IT team determines **the computer has been exposed** using a malicious DLL (Dynamic Link Libraries) code enabling escalation of privilege **with full permission to the system**, and **access to a healthcare database containing ePHI.**

The IT team also believes **JW's account may also be compromised.**



# Unauthorized Access Scenario - 1



**Monday, 10:00am**

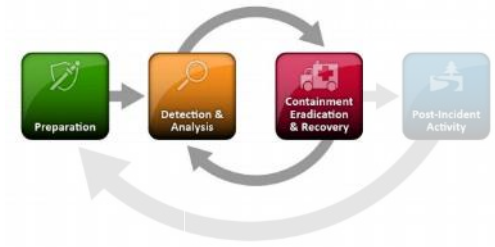
The IT team determines **the computer has been exposed** using a malicious DLL enabling escalation of privilege **with full permission to the system**, and **access to healthcare database containing ePHI**. The IT team also believes **JW's account may also be compromised**.

## Containment, Remediation and Recovery:

- What is the plan for **Containment and Remediation**?
- Incident Response Team course of action?
- Who is involved in remediating the incident?
- What are the **Recovery** steps?

## Services to Consider:

- Network Infrastructure & Connectivity
- Electronic Health Records Systems
- Patient Care Platforms
- Mission Critical Medical Devices
- Cloud Storage Service
- Microsoft Office / Applications
- Telephone Communications
- E-mail Communications
- Security & Facilities
- Backup Recovery Service



## Reporting incident...

- To whom?
- By when?
- By whom?
- What is required to submit a report?

**Security Breach – HHS OCR Reporting Requirements (within 60 days)**  
*Determine if breach affects more or less than 500 individuals and notify Secretary in accordance with 45 C.F.R. § 164.408.*

# How Did We Do?



- What were the strengths of our plan?
- What were the weaknesses?
- What are our follow-ups?
  - Infrastructure changes
  - Procedural / Documentation changes

# Incident Response – Lessons Learned



# Considerations – Why did this happen?

## Considerations – ask WHY?

- Why did we not know about this “Known” Vulnerability?
- Why was our software outdated?
- Why was the system config altered?
- Why was the service able to escalate privileges?
- Why were the user’s credentials compromised?
- Why were there no alerts of privilege escalation?
- Did this occur by a visitor?

## Follow up actions:

### **Vulnerability Management Program:**

Manages threats, vulnerabilities and risks

**Patching:** Timely patching prevents breach

**MEDR:** Detects/Contains/Remediates

**MDM:** Secures device configurations

**GPO:** Enforces controls across enterprise (Privileges, USB access, MFA, Password Complexity)

**SIEM:** Detects/Alerts privilege escalation

**Physical Security:** monitors physical

access

# Preventive Measures: VMP

**Vulnerability Management Program (VPM)** establishes a continuous process of identifying, categorizing and remediating vulnerabilities using vulnerability scanning with automated risk assessment of threats and vulnerabilities.

**Addresses – Discovery of “Known” Vulnerabilities; Outdated Software; and System Misconfigurations**



# Preventive Measures: Patching

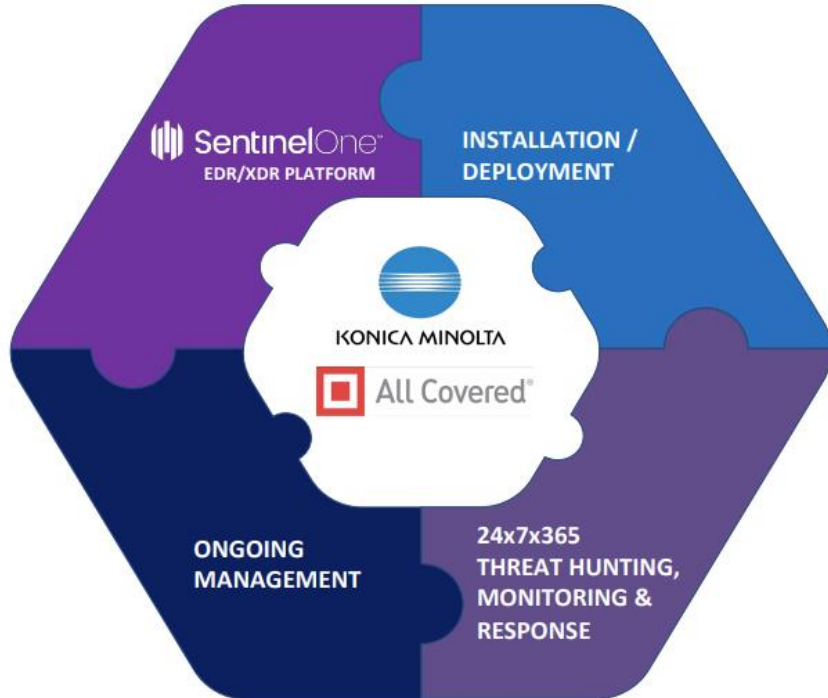


**Patch Management** is the process of applying updates (e.g., security patches, bug fixes and features) to software, drivers, and firmware to protect against vulnerabilities and provide the best system operating performance.

**Addresses – Remediates vulnerabilities and performance issues with software updates**







| EDR<br>(Endpoint Detection & Response)        |
|---|
| Behavior-based protection                     |
| Effective against known and unknown threats   |
| Total visibility into activity on endpoints   |
| Provides ability to proactively "threat hunt" |
| Go back in time to see what happened          |
| Most effective against modern threats         |

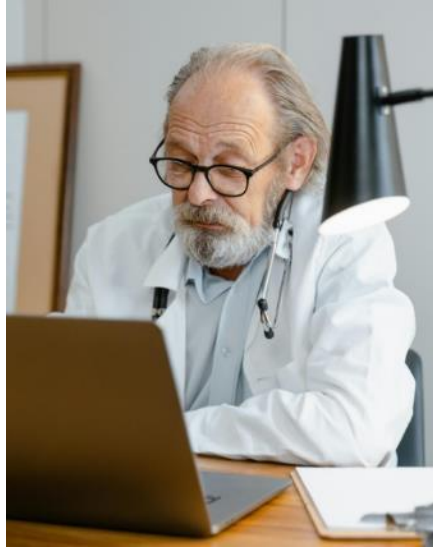
## Preventive Measures: MEDR

**Managed Endpoint Detection and Response (MEDR)** provides behavior-based endpoint protection using modern techniques and data-centered approach to pre-emptively detect malicious activity and responds before endpoint is exposed.

**Addresses – Threat discovery with managed EDR solution and Human event monitoring – Security Operations Center (SOC)!**



# Preventive Measures: MDM



**Mobile Device Management (MDM)** enables IT to automate, control, and secure administrative policies on any device connected to an organization's network keeping information secure.

**Addresses – Protects mobile devices of various platforms (iOS, Android, Win, Mac, Linux) on-premise and remote...**

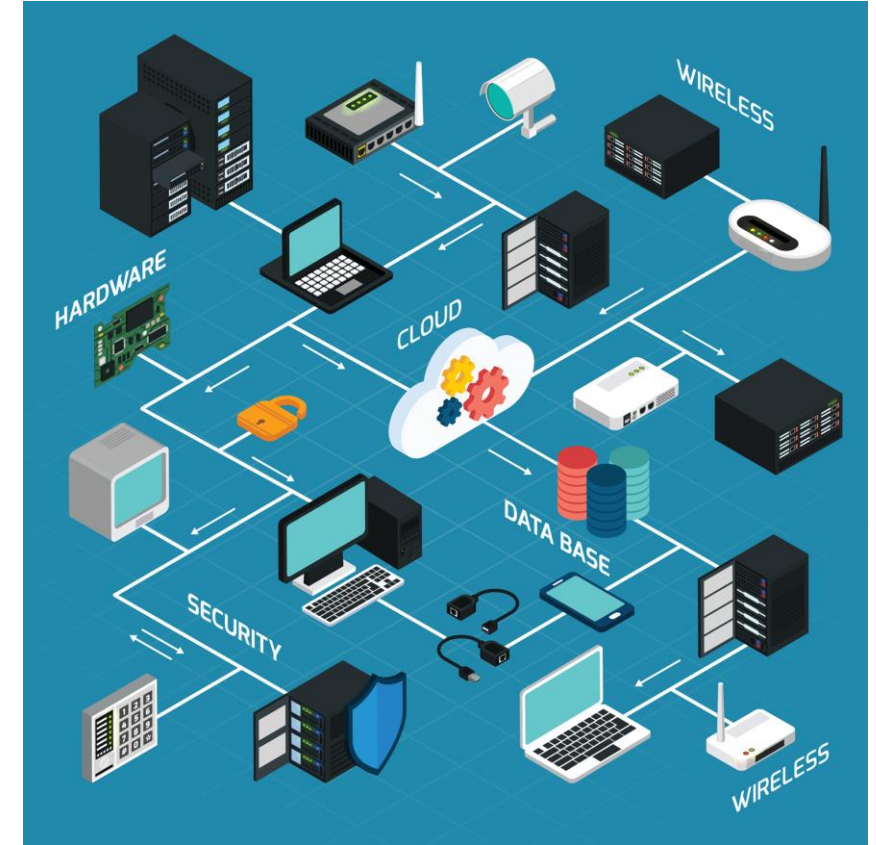


# Preventive Measures: Group Policy

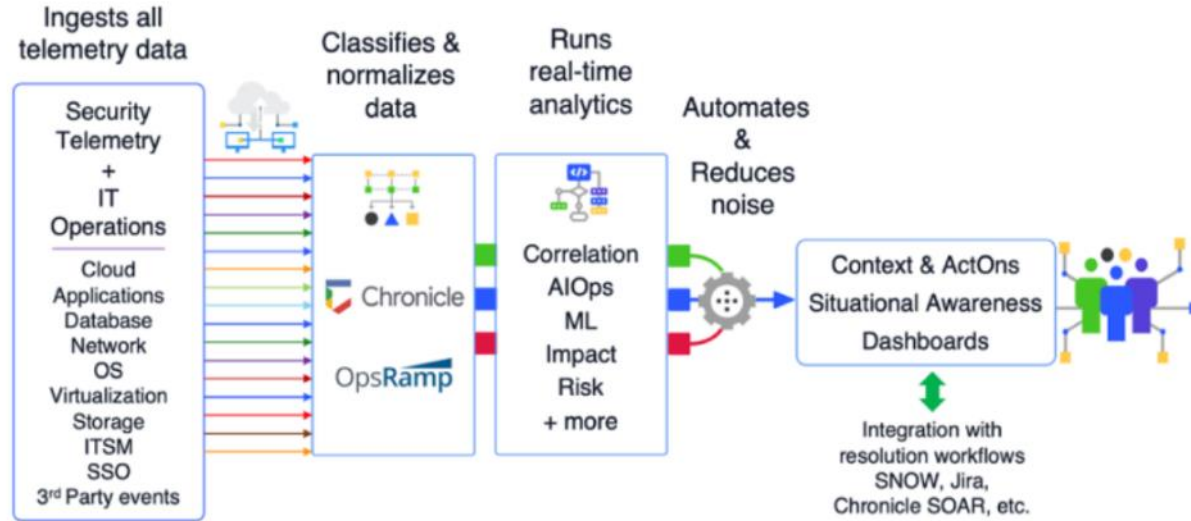
## Group Policy Management

Administer group policy objects (GPOs) and settings in systems and active directory across the enterprise.

**Addresses – Service privilege escalation;  
Restricting USB port access; Enforcing  
MFA and strong passwords**



# Preventive Measures: SIEM



**Security Information and Event Management (SIEM)** collects telemetry data from network devices like servers, routers, switches, firewalls, applications, etc., correlates and alerts on nefarious, anomalous or malicious activities.

**Addresses – Monitors, logs, and alerts of suspicious or malicious activity with Security Operations Center (SOC) support**



# Preventive Measures: Physical Security

## Physical Security

Understanding and monitoring the risk and gaps within the organization physical security controls, facilities, and location.



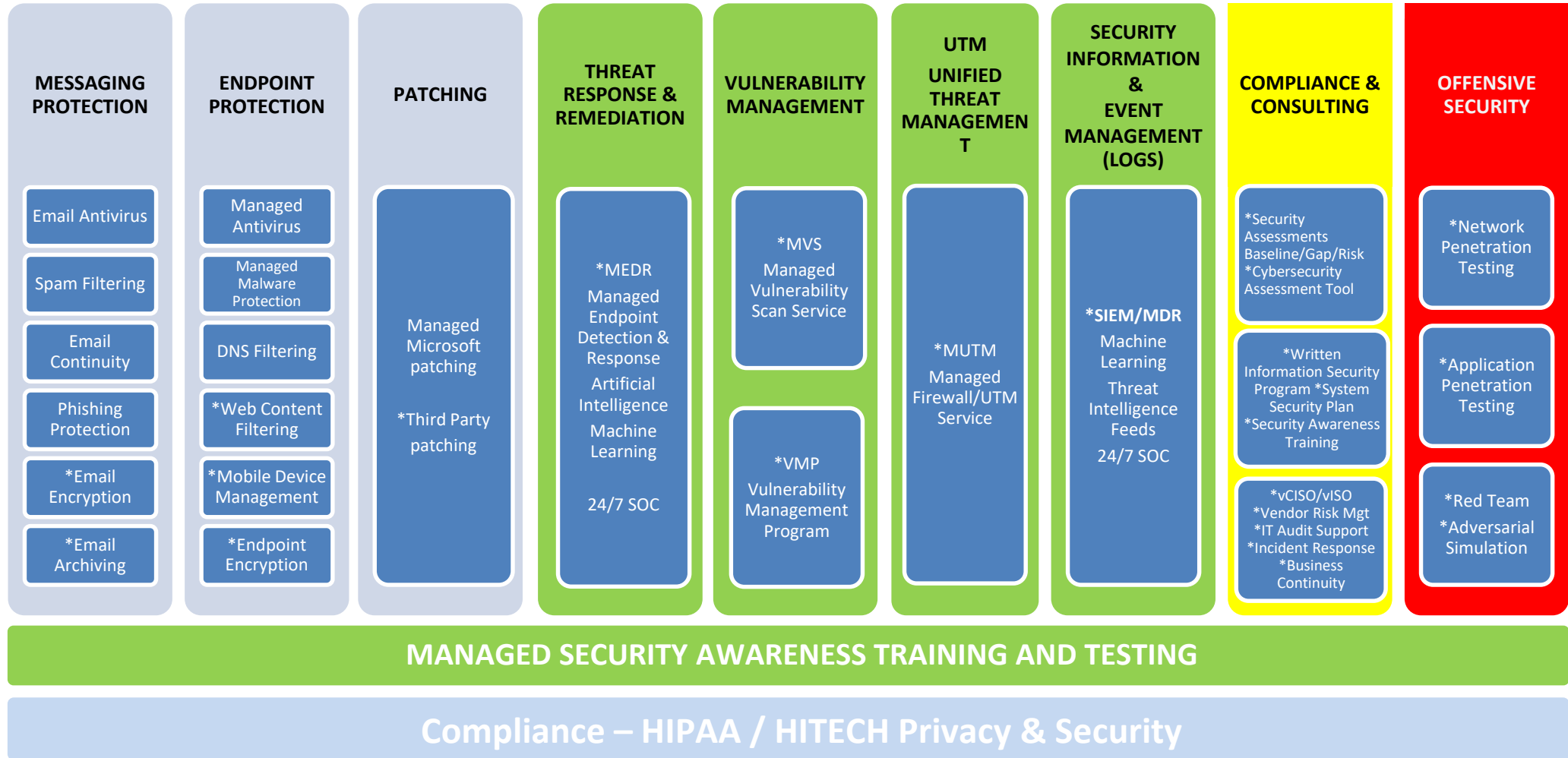
**Addresses – Monitoring and restricting physical access (e.g., facility, devices)**

[This Photo](#)

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# Preventive Measures: Defense in Depth



## Compliance – HIPAA / HITECH Privacy & Security

- On-Site Annual Risk Assessment
- Vulnerability Scanning
- Policy & Procedures Review (*specific to HIPAA/HITECH*)
- Staff Training
- HIPAA/HITECH Compliance On-going
- Compliance Portal Access



## Compliance – HIPAA / HITECH Privacy & Security

- Take Home Resources

