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-

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Q #		ľ	T Project Overview		Detailed Inforn	nation						
1R	Check if Complete	R	Help.HSC Ticket #	<>								
2R	Check if Complete	W	Security team assigned:	UNMH HSC	UNMH HSC UNMMG UNMSRMC							
					Contacts							
				Requestor Info (UN	MH/HSC) approved proj	Chair, CEO that posal or project H/HSC)	Vendor – Contact Info					
3R	Check if Complete		Name:	<>	<>	<>						
4R	Check if Complete	R	Title:	<>	<>	<>						
5R	Check if Complete	$oxed{\mathbf{W}}$	Department:	<>	<>	<>						
6R	Check if Complete		Phone:	<>	<>	<>						
7R	Check if Complete		Email:	<>	<>	<>	<					
					Vendor/System Details							

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Q #		I	T Project Overview		Detailed Information
4V	Check if Complete		System version:		<>
5V	Check if Complete		What does this system	do?	<>
					What Type of Request is This? (Check all that apply)

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Q #		IT Projec	et Overview				Detailed In	formation			
6V 6V	VW	Triojec	A OVELVIEW				Detailed II				
		Please	e list the systems, or other	er clinical sta	ff assigned to th	Identification o	of Roles	t information. (UN	MH IT Systems Ta	eam Section)	
16R			System Administrator:	or chinear sta	<> Notes	is fold for OTVIVITI	. meruue contac	t imormation. (OIV.	WIII II Dystellis I	cam section)	
1014		OTMITT	System rammistrator.		-> 110003						

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) #		IT Project Overview					Detailed Information	
	Check if Complete	Do you Monitor and con sessions?	trol remote access	Yes	No	NA	<> Notes	
	Check if Complete	defined period?	ou disable identities after a defined					

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IT Projec

Q #			IT Project Overview		Detailed Information	
	Check if Complete					
				Remote	ote Access Requirements and Restrictions (UNMH IT Network Team Section) UNMH/HSC only authorizes connections through SecureLink	
37V	Check if Complete	₹7	Do you need remote according Systems: (RDP, SSH, etc.)		<mark>ин</mark>	
		V				

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IT Project Overview Detailed Information

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Q #		IT Project Overview	Detailed Information
	Complete		
56R			

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Q #		IT Project Overview	Detailed Information
55V			
	Check if		
	Complete		

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Q #		IT Project Overview						Detaile	ed Information				
			suspicious, or unusual actively cloud?	vity in your									
			Disaster Rec		overy (DR)	very (DR) Process/Options (UNMH IT Cybersecurity Team Section)							
59R	Check if Complete	R	What Disaster Recovery pl does your team have in cas you have backup services f Please provide DR docume	e of failover? Do or this system?	<> Notes								
60R	Check if Complete		Does UNMH or the vendor Disaster recovery?	deal with	Yes	No	NA	<> Notes					
62V	Check if Complete												

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Q #		IT Project Overview					Detailed Information	
	Check if Complete							
	Check if Complete	During Training, do you managers, systems admir users of organizational sy aware of the security risk using this software/system	vistrators, and vistems are made s associated with	Yes	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

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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

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3. SOURCE OF EXPLOIT

External (Internet Facing) No

If yes, there are significantly more threats that may

Yes

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