



Third-Party Risk & Security Vetting in the Digital Age

Presented by:

Ron Frechette

Founder & CEO

GoldSky Security, LLC



PRESENTER



Ron Frechette, Founder & CEO

ron.frechette@goldskysecurity.com

o: (407) 853 8404 c: (904) 610 3420

Ron serves as Chief Evangelist Officer for GoldSky Security with over 10 years of experience directing Security Risk Assessment engagements and developing Cybersecurity Plans for various size companies across North America. Known to many as “The Cyber Coach”, he is constantly studying emerging cybersecurity trends and shares his knowledge through blogging platforms, local publications and speaking engagements across various industries.

Ron’s area of expertise has evolved from supporting large enterprise companies to helping small-midsize businesses with their IT security and compliance needs. He has assisted various companies in becoming compliant with frameworks such as FedRAMP, FISMA, GLBA, HIPAA/HITECH, HITRUST CSF, ISO27001, NIST CSF, NIST 800-53, 800-171, NERC-CIP, PCI DSS, SSAE 18 (SOC1), SOC2 and SOC3.

AGENDA



1. The Third-Party Risk & Security Vetting Trend

- What is Driving the Trend?
- Third-Party Data Breaches on the Rise
- Formal Notice of a Data Breach
- Cybersecurity Adoption Curve for SMBs
- The Fourth Revolution

2. The Cybersecurity Questionnaire

- Top 10 Security Questions
- Introduction to NIST
- ALTA Best Practices – Pillar 3
- Sample Reports
- Ethical Concerns-Practicing Due Care
- Florida State Law
- Top Threats to the Real Estate Industry

3. Adopting a Cybersecurity Framework

- Your Digital Footprint
- Objectives for Building a Cybersecurity Program
- Self-Assessment Resources
- Questions



The Third-Party Risk & Security Vetting Trend



WHAT IS DRIVING THE TREND?

Over the past decade, enterprise companies have invested millions of dollars in building highly secure and compliant infrastructures to avoid the risks of data theft, lawsuits, penalties for non-compliance and of most importance, brand damage and loss of business.

This has made it **more time consuming and difficult for cyber criminals to gain access** to large enterprise networks.

Cyber criminals are well aware of this which has caused them to shift their attack vectors towards third-party service providers in an effort to gain access to larger infrastructures. The [Target Breach](#) is a prime example.

Businesses are being forced to transform to *the Digital Age way* of conducting business or risk losing new and existing clients.

THIRD-PARTY DATA BREACHES ON THE RISE



2018 Third-Party Ecosystem Risk Study - Opus and the Ponemon Institute study in 2018 that surveyed more than 1,000 CISOs in US and UK.

Primary Objective - understand the challenges companies face in protecting sensitive information shared with **third-party vendors**. Third parties include any company whose employees or systems have access to a companies' systems or data (e.g. managed IT service providers, law firms, email providers, web hosting companies, subsidiaries, vendors, sub-contractors).

Some of the key findings revealed the following:

- 61% of US companies said they experienced a data breach caused by one of their vendors or third parties;
- 50% are unaware if supplier safeguards put in place are effective;
- 75% of organizations believe that third-party cybersecurity incidents are increasing;
- 16% attested they effectively mitigate third-party risk.

Conclusion: Third parties are one of the **fastest-growing risks to an organization's sensitive data**, yet less than half of all companies say managing third-party relationship risks is a priority.

These findings have put larger companies and their security auditors on high alert which is causing them to scrutinize the security practices of their current and future third-party service providers.

Source: <https://www.businesswire.com/news/home/20181115005665/en/Opus-Ponemon-Institute-Announce-Results-2018-Third-Party>



FORMAL NOTICE OF A DATA BREACH

Dear Client:

Data privacy for our clients is at the center of our mission at X Law Group and we take seriously the confidentiality of the information we hold on your behalf. We regret to inform you that on September 01, 2018 we confirmed an unauthorized intrusion into our computer system. We took immediate action and are working closely with forensic experts and the FBI to investigate and address the situation.



While our investigation is ongoing, we have found evidence indicating that information such as company/customer names, addresses, email addresses, and dates of birth were potentially taken. In some cases the healthcare records, or social security numbers may also have been taken.



If you were a client of our company prior to July 2018, you may be affected. Our investigation is in its early stages, but we felt it was important to communicate what we know at this time. We regret any anxiety or frustration that this causes you and are committed to supporting you.

We are reaching out directly to those affected via mailed letters and are offering one year of free identity protection services, including credit monitoring for affected individuals. In this letter, we will also outline other steps you can take to protect your identity, as well as information on how to access the free identity protection services.



If you have any questions, we have established a dedicated call center, which can be reached by calling (844) 800-8080 between 9 a.m. and 9 p.m. ET, Monday-Friday.

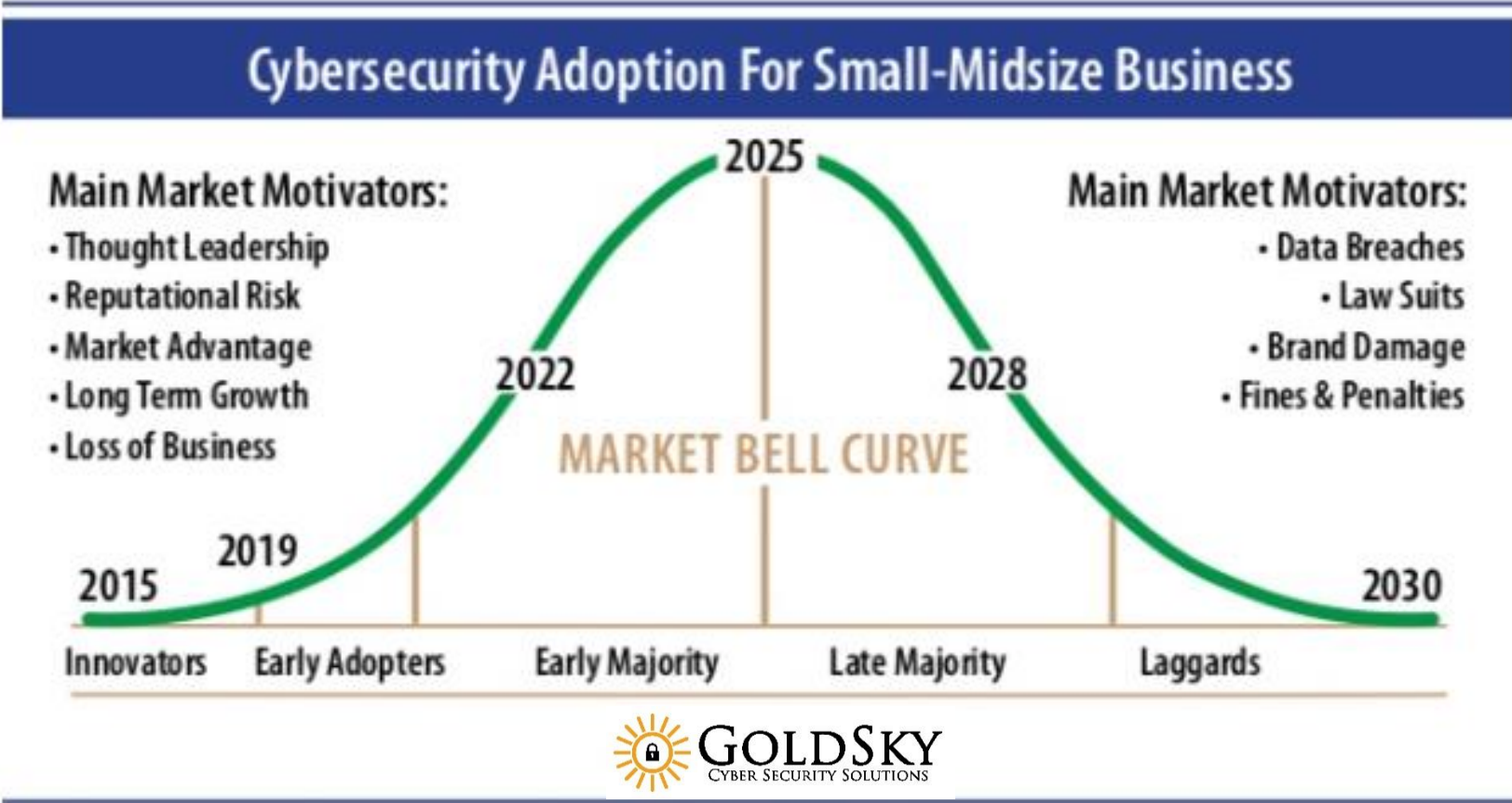


Thank you for your patience and understanding as we work through our investigation and try to provide you the best information and support that we can. We will share further information as we are able.

Sincerely,

CEO, X Law Group





CYBERSECURITY ADOPTION CURVES FOR SMBs



THE FOURTH INDUSTRIAL REVOLUTION



Navigating the next industrial revolution

Revolution	Year	Information	
	1	1784	Steam, water, mechanical production equipment
	2	1870	Division of labour, electricity, mass production
	3	1969	Electronics, IT, automated production
	4	?	Cyber-physical systems

We commonly refer to The Fourth Industrial Revolution as, **The Digital Age**. This revolution is powered by cloud, social, mobile, the Internet of things (IoT), artificial intelligence (AI) and machine learning (ML), along with increasing computing power and data.

Source: <https://www.weforum.org/agenda/2016/01/what-is-the-fourth-industrial-revolution/>



The Cybersecurity Questionnaire



THE TOP 10 SECURITY QUESTIONS ASKED

1. Do you have an Information Security Policy and how often is it updated?
2. Do you have an Information Security Officer that is qualified for the role?
3. Do you conduct annual Security Risk Assessments?
4. Are you conducting annual vulnerability/penetration testing of your network?
5. Do you have an Access Privileges Policy?
6. Do you have a Third-Party Service Provider Security Policy?
7. Do you perform annual security awareness training with executives and employees?
8. Is your data encrypted in transit and at rest?
9. Can you provide a copy of your Disaster Recovery and Business Continuity Plan?
10. Do you have an Incident Response Plan and is it tested and updated annually?



1. Do you have an Information Security Policy and how often is it updated?

2019 Information Security Policy Framework

Introduction and Information Security Program Policy	4
Purpose and Scope	4
Key Contacts	4
Term Definitions	4
Personal Health Information	4
Personally Identifiable Information	6
HIPAA Privacy and HIPAA Security Rules	7
Breach	7
Other Terms, Acronyms and Definitions	7
Acceptable Use Policy	11
Purpose and Scope	11
Policy	11
No Expectation of Privacy	11
General Access	12
E-Mail Access	12
Unacceptable Usage	12
Clear Desk and Clear Screen Policy	13
Monitoring and Filtering	13
Working Off-site	13
Personal Computer Usage	13
Duplicating Software	14
Sanctions	14
Reference: (45 CFR § 164.308(a)(4)(i))	14
Version History	14
Access Control Policy	15
Purpose and Scope	15
Policy	15
Access to confidential electronic data	15
User ID and Password Administration	16
Password Rules	16
Termination of System Access	17
Reference: (45 CFR § 164.308(3)(i)), (45 CFR § 164.308(4)(i)), (45 CFR § 164.312(d)), (45 CFR § 164.312 (a) (1)), (45 CFR § 164.312 (a) (2))	17
Version History	17
Backup Policy	18
Purpose and Scope	18
Policy	18
A formal definition of the level of back-up required for each system will be defined and documented including the scope of data to be imaged, frequency of imaging, duration of retention, and restoration procedures. This will be based on contractual, legal, regulatory, and business requirements	18
Version History	19
Information Security and Operations Management Policy	20

Revision 2019010419.01

— INTERNAL USE ONLY —

Page 1 of 50

2019 Information Security Policy Framework

Purpose and Scope	20
Policy	20
Virus Protection	20
Configuration Management	21
Reference: (45 CFR § 164.308(3)(i)), (45 CFR § 164.308(4)(i)), (45 CFR § 164.312(d)), (45 CFR § 164.312 (a) (1)), (45 CFR § 164.312 (a) (2))	24
Version History	24
Encryption Policy	25
Purpose and Scope	25
Policy	25
Version History	25
Information Classification Policy	26
Purpose and Scope	26
Policy	26
Protected Health Information (PHI) and Personally Identifiable Information (PII)	26
Internal Use Only Information	26
Private Information	26
Public Information	27
Data Handling	27
Data Classification Decision Tree	27
Version History	30
Media Handling, Reuse and Destruction Policy	31
Purpose and Scope	31
Policy	31
Version History	33
Personal Security / User Life-Cycle Management Policy	34
Purpose and Scope	34
Policy	34
Hiring Practices	34
Training	34
Termination Processes	35
Employee Resignation	35
Employee Termination	35
Employee Transfer	35
Reference: (45 CFR § 164.308(a)(3)(iii)(B)), (45 CFR § 164.308(a)(5)(i)), (45 CFR § 164.308(a)(3)(iii)(B)), (45 CFR § 164.310(a)(2)(iii)), (45 CFR § 164.308(a)(4)(ii)(B))	35
Version History	35
Physical Security Policy	37
Purpose and Scope	37
Policy	37
Facility Access Controls	37
Workstation Use and Security	38
Physical Security of Portable Electronic Devices	38

Revision 2019010419.01

— INTERNAL USE ONLY —

Page 2 of 50

2019 Information Security Policy Framework

Safeguards for Computing Display Screens	38
Reference: (45 CFR § 164.310(a)(1)), (45 CFR § 164.310(a)(2)(iii)), (45 CFR § 164.310(b)), (45 CFR § 164.310(c)), (45 CFR § 164.310(d)(1))	38
Version History	38
Security Incident Response Policy	39
Purpose and Scope	39
Policy	39
Security Incident definition	39
Incident classification and Severity Level	39
Security Incident Procedure (SIP)	40
Preparation	41
Incident Response Team	41
Incident identification	41
Incident documentation	42
Annual Testing	43
Version History	43
Security Monitoring and System Auditing Policy	45
Purpose and Scope	45
Policy	45
Organizational Records	47
Reference: (45 CFR § 164.308(a)(1)(ii)(D)), (45 CFR § 164.308(a)(5)(ii)(B) & (C)), (45 CFR § 164.308(a)(2)), (45 CFR § 164.312(b)), (45 CFR § 164.312(e)(2)(i))	48
Version History	48
Risk Assessment Policy	49
Purpose and Scope	49
Policy	49
Reference: (45 CFR 164.308(a)(1)(ii)(A)), (45 CFR 164.308(a)(1)(ii)(B)), (45 CFR 164.308(a)(8)), (NIST SP 800-30), (NIST SP 800-26)	50
Version History	50



Revision 2019010419.01

— INTERNAL USE ONLY —

Page 3 of 50



2. Do you have an Information Security Officer that is qualified for the role?

Options:

- ☀️ Appoint an Internal Resource (preferably in IT) and get them educated
- ☀️ Hire an Information Security Officer (ISO)
- ☀️ Outsource to a Security Consulting Firm

3. Do you conduct annual Security Risk Assessments?

Security Risk Assessment Process

1. Classify all sensitive information (electronic and paper)
2. Perform Comprehensive Inventories
 - All hardware & software in use or in storage
 - All cloud and mobile services
 - All partners you do business with
3. “Footprint” your organization’s IT infrastructure
4. Assess from the outside-in, and inside-out for best practices
 - Think like a hacker!
5. Perform a NIST 800-30 based Qualitative Risk Analysis
 - e.g. Likelihood and Impact Determination
6. Decide on security controls to cover your highest areas of risk
7. Schedule the implementation of all controls
8. Repeat as changes are made; formal assessment at least annually!

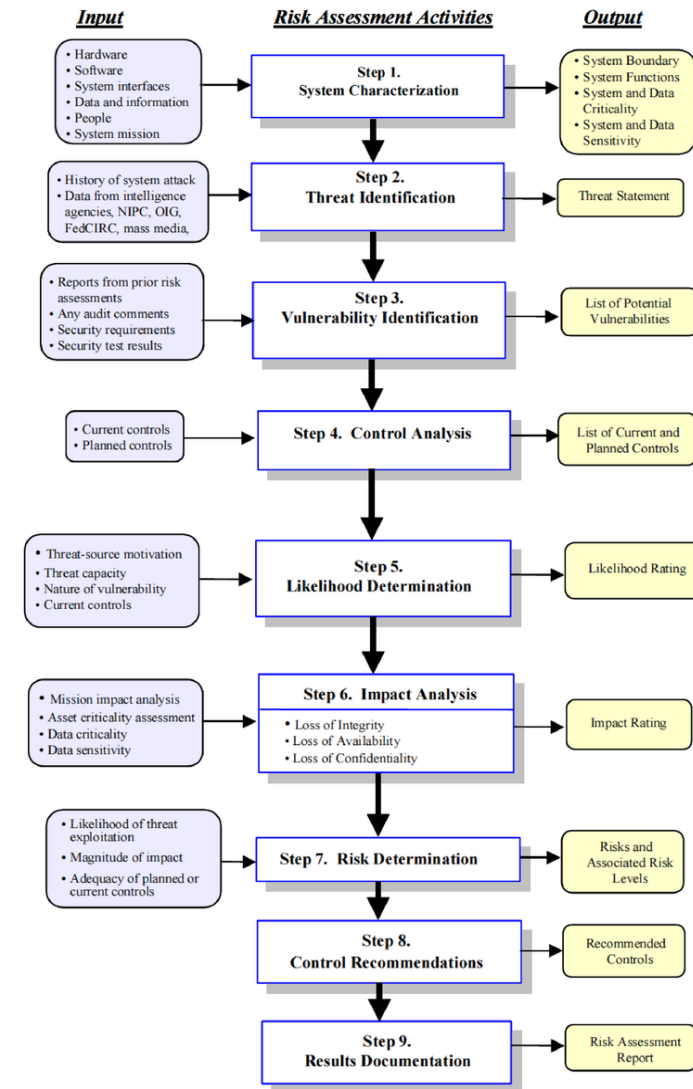


Figure 3-1. Risk Assessment Methodology Flowchart



INTRODUCTION TO NIST



NIST Based Compliance Frameworks

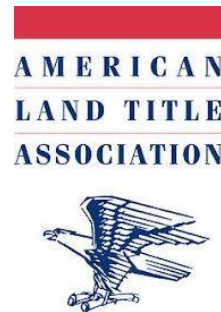
[NIST SP800-53 \(rev.5\)](#) - provides a catalog of security controls for all U.S. federal information systems except those related to national security.



ALTA 7 PILLARS OF BEST PRACTICES



1. **Licensing** - Establish and maintain current license(s)
2. **Escrow/Trust Accounts** - Adopt and maintain appropriate written procedures and controls
3. **Privacy & Information Security** - Adopt and maintain a written privacy and information security plan
4. **Recording & Pricing Procedures** - Adopt standard real estate settlement policies and procedures that ensure compliance with federal and state consumer financial laws, as applicable.
5. **Title Policy Procedures** - Adopt and maintain written procedures
6. **Professional Liability Insurance** - Maintain appropriate professional liability insurance and fidelity coverage.
7. **Resolving Consumer Complaints** - Adopt and maintain procedures for resolving consumer complaints.





ALTA 7 PILLARS OF BEST PRACTICES

Pillar 3 – Privacy & Information Security

Adopt and maintain a written privacy and information security plan to protect Non-public Personal Information (NPI) as required by local, state and federal laws.

- Physical security of NPI
- Network security of NPI
- Disposal and Maintenance of NPI
- Establish a disaster management plan
- Appropriate management and training of employees to help ensure compliance with information security program
- Oversight of service providers to help ensure compliance with a Company's information security program
- Audit and oversight procedures to help ensure compliance with Company's information security program
- Notification of security breaches to customers and law enforcement
- Policies & Procedures

AMERICAN
LAND TITLE
ASSOCIATION



SAMPLE REPORT



Security Risk Assessment Final Report



Johnson Cardiology

8 May 2016



TABLE OF CONTENTS	
Executive Summary	1
The Approach	2
Kickoff	2
Assessment	2
Report	3
Project Management	4
Scope of Engagement	4
Stakeholder Registry	4
Schedule of Events	4
Security Risk Assessment	5
Security Compliance Assessment	6
Administrative Safeguards	6
Physical Safeguards (Truncated)	9
Technical Safeguards (Truncated)	9
Organizational Requirements (Truncated)	9
Policy and Procedure Requirements (Truncated)	9
Plan of Actions and Milestones (POA&M)	10
Appendix A: Implementation Guidance	11
Encryption (Bitlocker)	11
Encrypting Thumbdrives	13
Creating New Users	14
Removing Administrative Privileges	14
Enforcing Complex Passwords	14
Installing Advanced Malware Protection (GSS)	14
Installing Remote Tracking Software	14
Appendix B: Vulnerability Scan Results	15



SAMPLE - RISK ANALYSIS REPORT



Threat Event	Threat Source	Vulnerabilities and Predisposing Conditions	Mitigating Controls Implemented	Likelihood of Event Initiation	Likelihood of Event Succeeds	Overall Likelihood	Level of Impact if Successful	Calculated Risk
Craft (spear) phishing attacks	External Adversarial	(1) Not all employees trained (2) Security awareness training not occurring annually	(1) Anti-Virus Basic deployed on workstations	Very High	High	Very High	Very High	Very High
System Breach due to Basic OS Antivirus	External Adversarial Internal Adversarial Internal Non- Adversarial	(1) Vulnerable software on all scanned machines (2) Unpatched Operating Systems (3) No Anti-Phishing (4) No Anti-Malware (5) No Central Management with Alerting (6) No Anti-Ransomware	(1) Anti-Virus Basic deployed on workstations	Very High	Very High	High	Very High	Very High
Exploit vulnerabilities on internal organizational information systems	External Adversarial Internal Adversarial	Unpatched Operating Systems	(1) None	Very High	Very High	High	Very High	Very High

SAMPLE – HIPAA COMPLIANCE GAP ANALYSIS



Key Activity	Established Performance Criteria	Required?	Status	Comments
Conduct Risk Assessment	§164.308(a)(1): Security Management Process §164.308(a)(1)(ii)(a) - Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.	Required	Not Compliant	Currently there is no policy in place for conducting an accurate risk analysis. Consider creating and implementing a policy for conducting a risk analysis to review potential risks and vulnerabilities.
Acquire IT Systems and Services	§164.308(a)(1)(i): Security Management Process - Although the HIPAA Security Rule does not require purchasing any particular technology, additional hardware, software, or services may be needed to adequately protect information. Considerations for their selection should include the following: -Applicability of the IT solutions to the intended environment; -The sensitivity of the data; -The organization's security POLICIES, procedures, and standards; and -Other requirements such as resources available for operation, maintenance, and training.	Required	Not Compliant	Currently there is no formal policy in place for Security Management Process Consider creating and implementing a policy for set controls to guard against potential risks and vulnerabilities
Develop and Deploy the Information System Activity Review Process	§164.308(a)(1)(ii)(D): Security Management Process - Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.	Required	Not Compliant	Currently there is no policy in place for monitoring activities such as audit logs and security reports. Consider creating and implementing a policy for monitoring activity. It is assumed that IT is monitoring activity.
Implement a Risk Management Program	§164.308(a)(1): Security Management Process §164.308(a)(1)(ii)(b) - Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with § 164.306(a).	Required	Not Compliant	Management is aware of lapses in security controls. Consider creating and implementing written policies and procedures.
Select a Security Official To Be Assigned Responsibility for HIPAA Security	§164.308(a)(2): Assigned Security Responsibility - the responsibility for security should be assigned to a specific individual or organization to provide an organization focus and importance to security, and that the assignment be documented.	Required	Not Compliant	Currently the responsibilities of "Security" are on an ad hoc basis by IT and a few department heads. A Security Officer should be assigned.
Assign and Document the Individual's Responsibility	§164.308(a)(2): Assigned Security Responsibility - the responsibility for security should be assigned to a specific individual or organization to provide an organization focus and importance to security, and that the assignment be documented.	Required	Not Compliant	Currently there are no defined duties to implement or monitor security controls. Consider creating a Security Officer's duties and responsibilities

SAMPLE - REMEDIATION ROADMAP



Immediate Goals	Short-Range Goals	Mid-Range Goals
<p>The following activities should be addressed within the next 30 days:</p> <ol style="list-style-type: none">1. Address all medium (and high) vulnerabilities in the attached vulnerability scan results; most of which are update and upgrade related2. Setup Azure Active Directory or a local Microsoft Active Directory System for central user credential management.3. Install Central Anti-Virus, Anti-Phishing, Anti-Malware software. IE (Panda Adaptive Defense 360)	<p>The following activities should be addressed within the next 90 days:</p> <ol style="list-style-type: none">1. Expand a centralized logging capability with security analysis abilities.2. Adopt, and implement all recommended plans, policies, and procedures.3. Implement Cyber Security Training Program for all employees.4. Implement Backup of all Data Cloud and local where it applies after contract reviews.	<p>The following activities should be addressed within the next 9 months: Begin performing routine internal vulnerability management. For scanning, we recommend Tenable Nessus. This service can be provided by a Managed Security Service Provider (MSSP)</p> <ol style="list-style-type: none">1. Implement a helpdesk system reports for tracking top monthly issues.2. Perform Top 10 Helpdesk Issue reviews to determine problem heatmap exercise to address remedy's to lower support requests where possible.

SAMPLE – SRA Letter of Completion



August 8, 2019

Michael Jones
Chief Information Officer
Healthcare Company, Inc.
85 GoldSky Lane, Suite 220
Orlando, FL 32801

RE: Completion of 2019 HIPAA Security Risk Analysis

Dear Michael,

This letter is to certify that GoldSky Security, LLC ("GoldSky") has completed a HIPAA Security Risk Analysis in accordance with US Code of Federal Regulations 45 CFR 164.308(a)(1) [HIPAA Security Rule, Administrative Safeguards, Security Management Process standard, Risk Analysis and Risk Management Implementation Specifications] and the HIPAA Breach Notification Rule 45 CFR 164.400-414.

It is evident Healthcare Company, Inc. is committed to the confidentiality, integrity, and availability of their client's data and services.

Sincerely,

Ron Frechette
Managing Partner
GoldSky Security, LLC

Atlanta | Boston | Denver | Nashville | Orlando | Phoenix | Tampa | Washington DC





HOW INSURANCE COMPANIES RATE TITLE COMPANIES

Insurance companies look at **three specific matters when rating title companies' and law firms' premiums for crime policies:**

1. Volume of data the firm handles
2. The firm's policies and procedures
3. How well the firm trains its staff

So, the idea that law offices protect themselves through training and procedures is not only an ALTA Best Practice but is something that drives insurance premium.

4. Are you conducting annual vulnerability/penetration testing of your network?



Searching for known vulnerabilities:

- Does **NOT** actively try to exploit a client
- Is **NOT** penetration testing or ethical hacking
- Internal and/or External in scope

Process:

- Discover targets through interviews and scans
- Perform automated vulnerability scans
- Analyze the results



Summary of Findings:

Assets Tested	Scan Profile	Finding Summary			
		Low	Med	High	Critical
Orlando, FL	Authenticated	142	421	68	15
Percentage of Total Events		26 %	59 %	12 %	2 %



5. Do you have an Access Control Policy?

General principles when designing an access control policy:

- **Defense in Depth** – security must not depend upon any single control but be the sum of a number of complementary controls
- **Least Privilege** – the default approach taken must be to **assume that access is not required**, rather than to assume that it is
- **Need to Know** – access is only granted to the information required to perform a role, and no more
- **Need to Use** – Users will only be able to access physical and logical facilities required for their role





6. Do you have a Third-Party Service Provider Security Policy?

Framework for a Third-Party Management Program

- **Develop the Plan** – Assign a person to spearhead the project and define clear roles and responsibilities for those within your organization who will write the policy, obtain proper documentation from vendors, monitor vendor/partner performance, etc.
- **Build a Due Diligence Process** – Determine which vendor/partners are audited or assessed by outside auditing firms and willing to share results.
- **Have a Reporting System** – Identify reports that you should be receiving from vendors to monitor their performance on a periodic basis. (ISO, SOC, Penetration Tests, etc.)
- **Continuous Monitoring** – Set up an ongoing monitoring process to make sure that the vendor continues to meet expectations. May depend on client requirements.
- **Access to Sensitive Data** – Consider what types of data is accessible by your third-parties, what types of transactions they perform, etc., to determine the risk associated with each vendor.
- **Termination Process** – Have a formal process in place that defines exactly what you would do if you find it necessary to terminate your relationship with a vendor/partner or if the vendor terminated their relationship with your organization.



7. Do you perform annual security awareness training with executives and employees?



Phishing & Security Awareness Training

PHISHING & SECURITY AWARENESS TRAINING OVERVIEW

Do You Have an Effective Phishing Simulation Program?

You should. Over 90% of compromises involve luring a human into making a poor decision. Nearly all breaches require exploiting both human and technological vulnerabilities. Equip your organization with the right tools and techniques with GoldSky's Phishing Simulation & Security Awareness Training program. We provide the latest technologies and templates, and custom design an overall strategy for long term employee engagement and success.

SAMPLING OF OUR SERVICES:

- Monthly simulated phishing attacks for all employees
- Real-World phishing templates drawn directly from the hacker community's playbook
- Monthly behavior-focused security awareness training courses
- Clear, understandable courses that are functional, quick and comical to keep attention
- Monthly or on-demand reporting to demonstrate compliance and share with stakeholders
- Simple to set up and fully managed by GoldSky Security
- Cost effective for small-midsize businesses

FACTS ABOUT PHISHING ATTACKS

Phishing attempts have grown 65% in the last year

76% of businesses reported being a victim of a phishing attack in the last year

30% of phishing messages get opened by targeted users and 12% of those users click on the malicious attachment or link

95% of all attacks on enterprise networks are the results of successful spear phishing

1.5 million new phishing sites are created each month

CALL US TODAY FOR A FREE CONSULTATION

For Inquiries about our security services, please contact us at orlando@goldskysecurity.com or call 407-853-8400



Atlanta | Boston | Chicago | Denver | Nashville
Orlando | Phoenix | Washington D.C.





8. Is your data encrypted in transit and at rest?

What is email encryption?

- Email encryption relies on a Public Key Infrastructure or PKI, in most cases, a combination of a private key (known only by you) and a public key (known only to those you choose to distribute it to or even made publicly available).



Why is this important for law firms?

- Minimizes risk of data theft or leakage for clients and the practice.
- Encrypting email messages before they're sent means that even if a hacker or anyone other than the intended recipient should intercept your email messages, they're unreadable, and essentially useless.

What is the best type of email encryption solution?

- Impenetrable email protection
- The one with the least amount of clicks to send emails
- Easiest to implement for both the sender and receiver
- It can be tracked once sent (who opened and when)
- Postmarks confidential information and is a *federally-approved form of legal delivery* so you can send all your certified documents, securely and instantaneously



EMAIL ENCRYPTION FEATURES

- Military-Grade Encryption
- One-Click Encryption
- Email Tracking
- Postmark Certified Delivery
- Data Sensitivity Auto Detection
- Mobile Secure

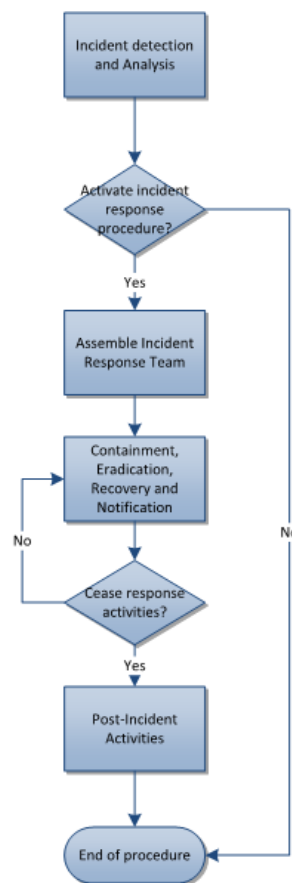
9. Can you provide a copy of your Incident Response and Business Continuity Plan?



Incident Response Procedure
[Insert Classification]

Contents

1	INTRODUCTION	8
2	INCIDENT RESPONSE FLOWCHART	9
3	INCIDENT DETECTION AND NOTIFICATION	10
3.1	INCIDENT DETECTION	10
3.2	INCIDENT NOTIFICATION	10
3.3	RECORDING THE INCIDENT DETAILS	10
3.4	CONTACTING THE INCIDENT RESPONSE TEAM LEADER	11
4	ACTIVATING THE INCIDENT RESPONSE PROCEDURE	12
5	ASSEMBLE INCIDENT RESPONSE TEAM	13
5.1	INCIDENT RESPONSE TEAM MEMBERS	13
5.2	ROLES AND RESPONSIBILITIES	13
5.3	INCIDENT COMMAND CENTRE	15
5.3.1	Location	15
5.3.2	Access	15
5.3.3	Parking	15
5.3.4	Facilities in the Command Centre	15
5.4	ALTERNATE COMMAND CENTRE	16
6	IMPACT ASSESSMENT	17
7	BUSINESS CONTINUITY PLAN ACTIVATION	18
8	INCIDENT MANAGEMENT, MONITORING AND COMMUNICATION	19
8.1	COMMUNICATION PROCEDURES	19
8.1.1	Means of Communication	19
8.1.2	Communication Guidelines	19
8.1.3	Internal Communication	20
8.1.4	External Communication	20
8.1.5	Communication with the Media	21
9	CEASING RESPONSE ACTIVITIES AND STANDING DOWN	23
10	DEBRIEF AND POST-INCIDENT REVIEW	24
11	APPENDIX A – INITIAL RESPONSE CONTACT SHEET	25
12	APPENDIX B – INCIDENT IMPACT INFORMATION LOG	26
13	APPENDIX C – BUSINESS ACTIVITIES AFFECTED AND PLANS ACTIVATED	27
14	APPENDIX D – BLANK ACTIVITY LOGGING FORM	28
15	APPENDIX E – BLANK MESSAGE LOGGING FORM	29
16	APPENDIX F – INTERNAL CONTACT TELEPHONE NUMBERS	30
17	APPENDIX G – USEFUL EXTERNAL CONTACTS	31
18	APPENDIX H – STANDARD INCIDENT RESPONSE TEAM MEETING AGENDA	32
19	APPENDIX I – INCIDENT COMMAND CENTRE	33
19.1	LOCATION MAP	33
19.2	FLOOR PLAN	33
20	APPENDIX J – THE PHONETIC ALPHABET	34



Business Continuity Plan
[Insert Classification]

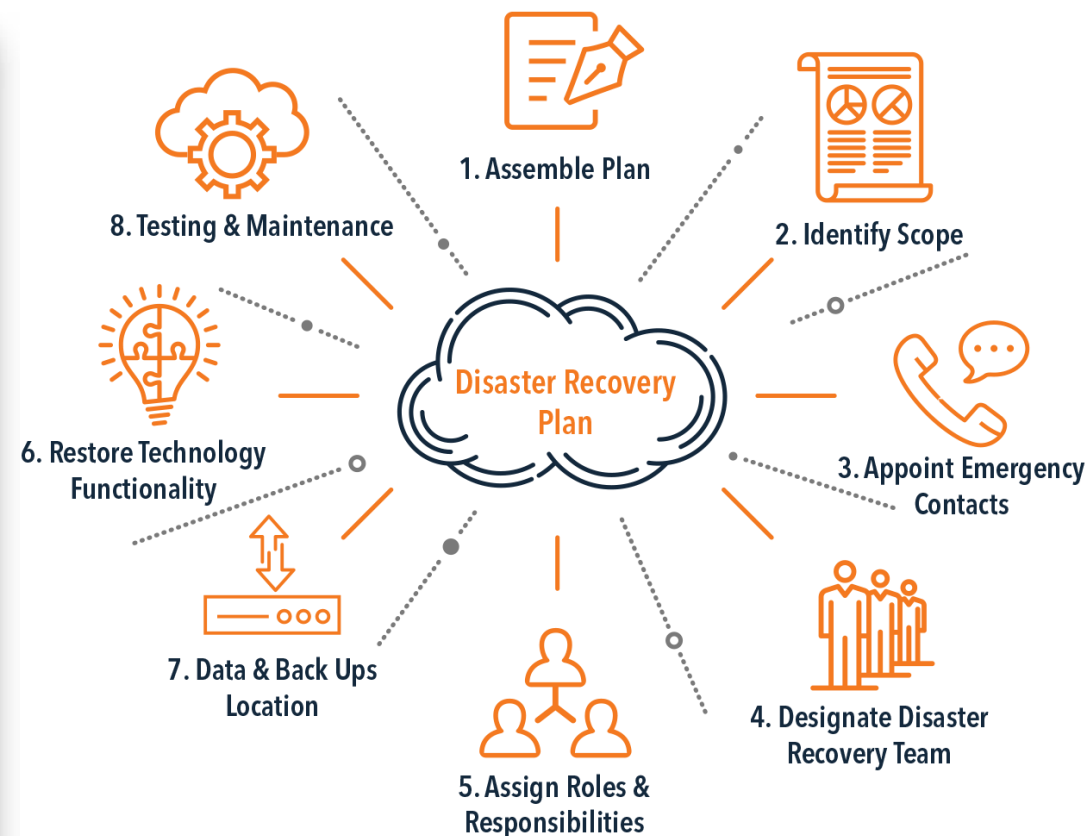
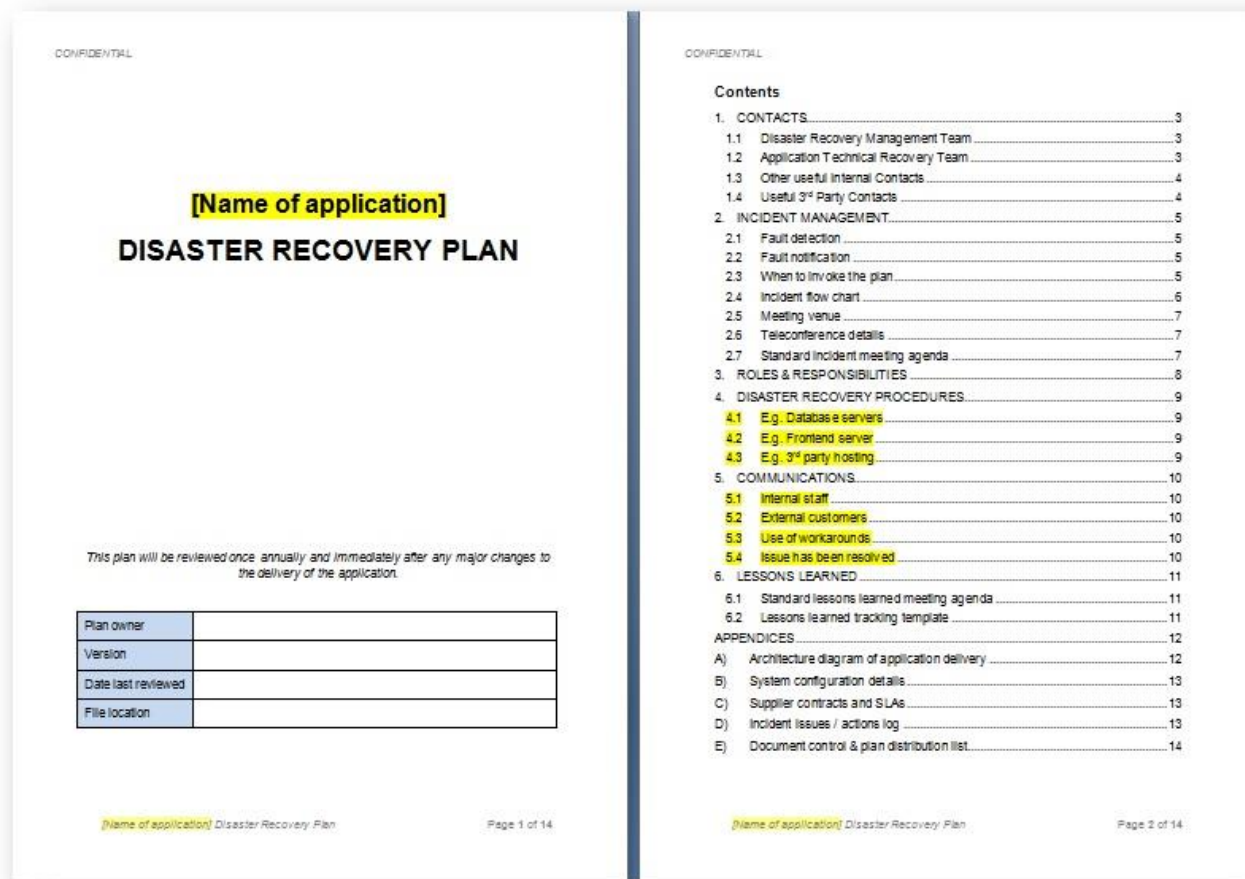
Contents

1	PLAN PURPOSE AND SCOPE	8
2	PLAN OBJECTIVES	9
3	ACTIVATION CRITERIA AND PROCEDURES	10
3.1	AS PART OF THE INCIDENT RESPONSE PROCEDURE	10
3.2	LOCALISED ACTIVATION	10
3.3	ACTIVATION PROCEDURE	10
4	IMPLEMENTATION PROCEDURE	11
4.1	OVERVIEW	11
4.2	RECOVERY CHECKLISTS	12
4.2.1	Business Team Recovery Checklist	12
4.2.2	IT Recovery Team Checklist	13
5	ROLES, RESPONSIBILITIES AND AUTHORITIES	15
5.1	IT RECOVERY TEAM	15
5.2	BUSINESS RECOVERY TEAM	15
6	COMMUNICATION REQUIREMENTS AND PROCEDURES	16
6.1	COMMUNICATION PROCEDURES	16
6.1.1	Means of Communication	16
6.1.2	Communication Guidelines	16
6.1.3	Internal Communication	16
6.1.4	External Communication	17
6.1.5	Communication with the Media	17
7	INTERNAL AND EXTERNAL INTERDEPENDENCIES AND INTERACTIONS	18
8	RESOURCE REQUIREMENTS	19
9	INFORMATION FLOW AND DOCUMENTATION PROCESSES	20
10	RESTORATION OF NORMAL SERVICE	21
10.1	RESTORATION TO NORMAL SERVICE CHECKLISTS	22
10.1.1	Business Team Checklist	22
10.1.2	IT Team Checklist	23
11	APPENDIX A – PLAN ACTIVATION CONTACT SHEET	24
12	APPENDIX B – BLANK ACTIVITY LOGGING FORM	25
13	APPENDIX C – BLANK MESSAGE LOGGING FORM	26
14	APPENDIX D – INTERNAL CONTACT TELEPHONE NUMBERS	27
15	APPENDIX E – USEFUL EXTERNAL CONTACTS	28
16	APPENDIX F – THE PHONETIC ALPHABET	29

List of Tables

TABLE 1 - BUSINESS TEAM RECOVERY CHECKLIST	12
TABLE 2 - IT RECOVERY TEAM CHECKLIST	14
TABLE 3 - IT RECOVERY TEAM MEMBERS	15
TABLE 4 - BUSINESS RECOVERY TEAM MEMBERS	15
TABLE 5 - PLAN INTERDEPENDENCIES	18
TABLE 6 - PLAN EXTERNAL INTERACTIONS	18
TABLE 7 - PLAN RESOURCE REQUIREMENTS	19

10. Do you have a Disaster Recovery Plan and is it tested and updated annually?





ETHICAL CONCERNS... PRACTICING DUE-CARE

You are a custodian of sensitive data:

- Financial Records
- Medical Records (HIPAA)
- Private and (potentially) damaging information
- Credit Card Information (PCI)



Attorneys' Duty to Safeguard Information

- The ABA ethics rules require attorneys to take competent and reasonable measures to safeguard information relating to clients (ABA Model Rules 1.1 and 1.6 and Comments).
- Attorneys also have common law duties to protect client information and often have contractual and regulatory obligations to protect information relating to clients and other personally identifiable information, like health and financial information.

Due Care

- Have you taken reasonable measures to secure client data?
- Are you aware of all your legal and regulatory obligations?
- Do you know your own vulnerabilities?
- Are you aware of the threats to the security of your data?

Source: [American Bar Association](https://www.americanbar.org/)

Florida State Law – What is FIPA?



Florida Information Protection Act of 2014, Sec. 501.171, F.S. is a Florida state law governing privacy rules for entities handling personal information.

Who is Covered Under FIPA? - a Covered Entity is defined as a sole proprietorship, partnership, corporation, trust, estate, cooperative, association, or other commercial entity that acquires, maintains, stores, or uses personal information. This also can include a government entity.

FIPA protects personal information (which means any of the following):

- Names, Social Security number, driver's license or identification card number, passport number, military identification number
- Financial account number or credit or debit card number, in combination with any required security code, access code, or password that is necessary to permit access to an individual's financial account;
- Any information regarding an **individual's medical history**, mental or physical condition, or medical treatment or diagnosis by a health care professional; or
- An individual's **health insurance policy number** or subscriber identification number and any unique identifier used by a health insurer to identify the individual.
- A username or email address, in combination with a password or security question and answer that would permit access to an online account.
- Customer Records include **any material, regardless of physical form, on which personal information is recorded or preserved** – including written or spoken words, graphics, or print.

FIPA is a Florida state law with broad enforcement – includes companies doing business in Florida, and those with clients in Florida are responsible for complying with FIPA requirements.

What Can I Do to Ensure My Company is Complying with FIPA Requirements?

The first steps in compliance with FIPA requirements are performance of a risk assessment and education.

TOP THREATS TO THE REAL ESTATE INDUSTRY



Unlike most industries, there is no federal law requiring real estate businesses to implement information security programs. That has led to real estate businesses having vulnerable systems.

Business email compromise - A business email compromise (**BEC**) is an attack that deceptively convinces businesses to wire funds to criminal back accounts by pretending to be business counterparties, such as vendors or real estate sellers.

Ransomware – Ransomware is a form of malware that encrypts data on computers and makes the data unavailable until a ransom is paid, has become an immensely profitable method for hackers to attack businesses.

Other Malware - Banking Trojans are used by criminals to capture a victim's banking credentials to wipe the bank account clean and gain access to PII.



Originally designed as a banking Trojan, Emotet has evolved over the years into malicious code capable of delivering a large-scale botnet capable of targeting a number of systems and considered to be one of the deadliest malware families operating in the wild, security experts say.

Third-Party Vendors - A criminal does not need to hack a business to get that business's sensitive data these days: it can target trusted vendors like cloud providers that store other parties' sensitive information.

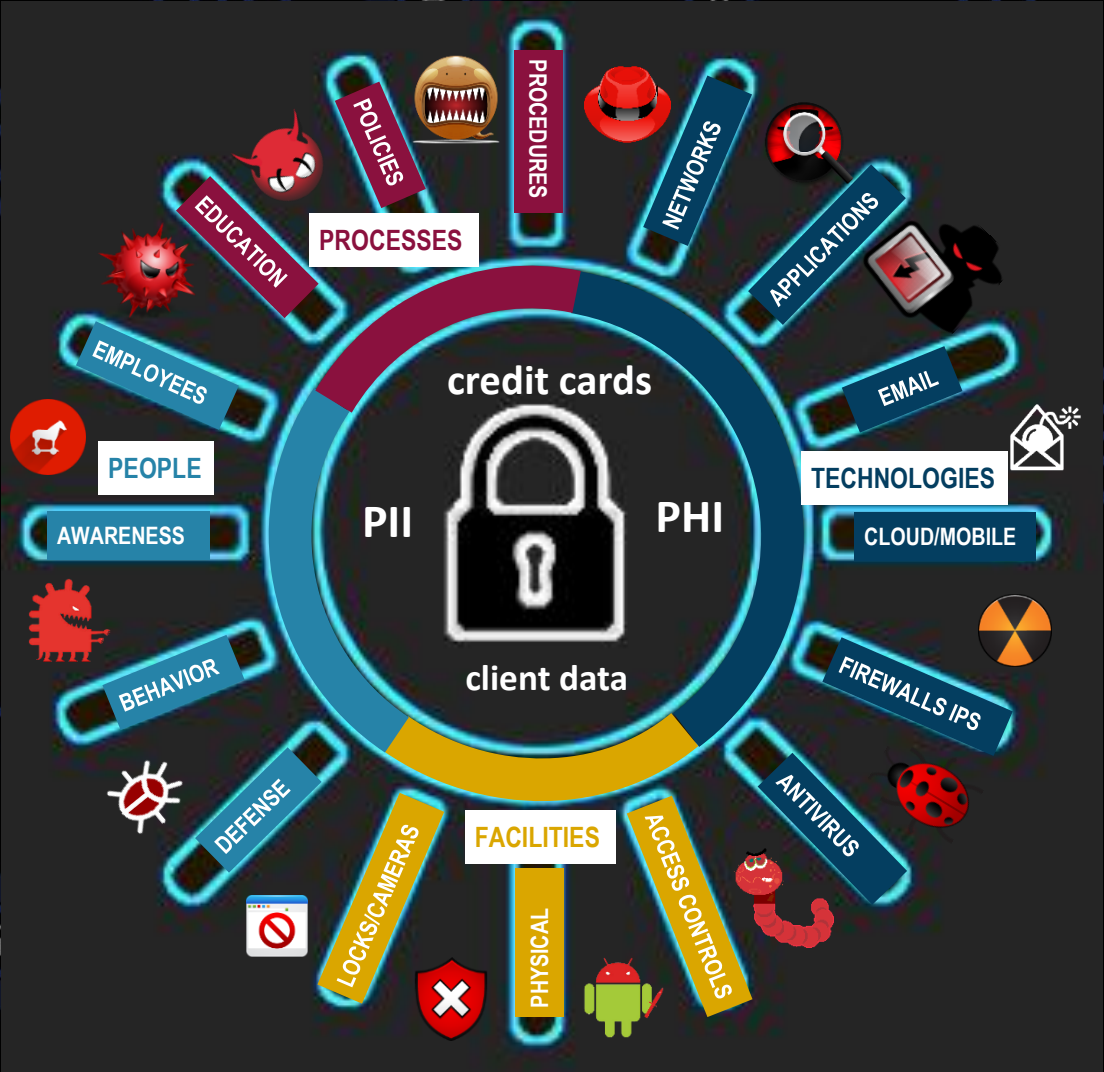


Adopting a Cybersecurity Framework



Your Digital Footprint

Four threat vectors around a digital footprint:



How secure is your digital footprint?

PRIMARY OBJECTIVES FOR BUILDING A SECURITY PROGRAM



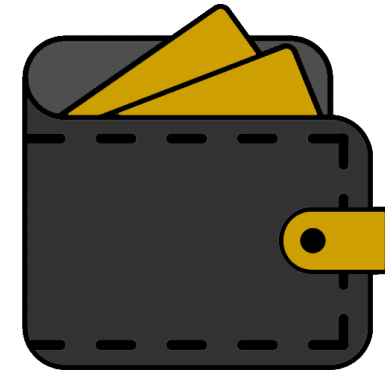
Primary Objectives



Avoid Compromise
Costs and Brand Damage



Achieve Compliance
Follow the Law and Avoid Fines



Affordable Solutions
Custom Designed for SMBs

WHAT'S THE RIGHT APPROACH?

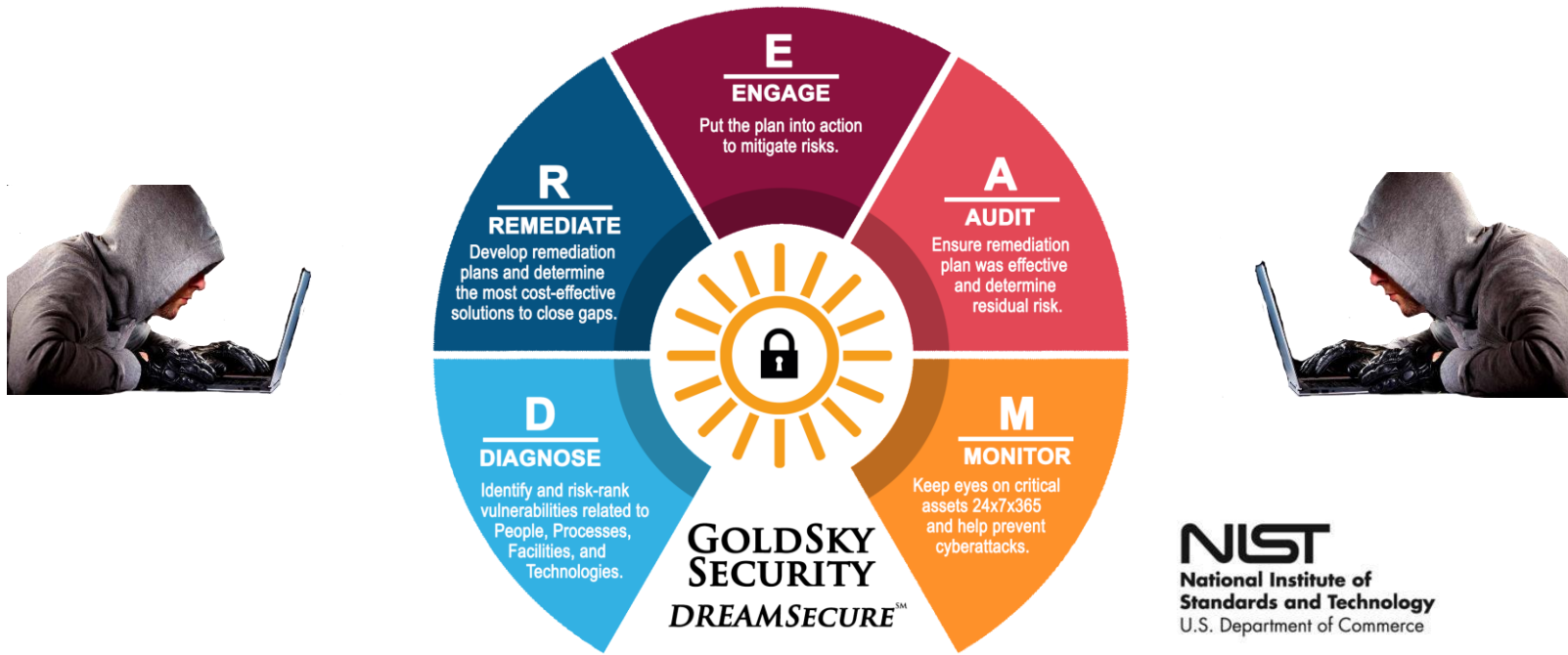


The Right Approach



Evaluate, Identify, and Manage Risk

DREAMSecureSM CYBER RISK MANAGEMENT SYSTEM



Key Benefits:

- Easy to Understand, Easy to Implement
- Reduces Risks of Data Theft and Cyber Breaches
- Reduces Risks of Fines, Penalties and Lawsuits for Non-Compliance
- Affordable for Small-Midsize Businesses

It's a journey, not a destination.



SELF-ASSESSMENT RESOURCES



<https://gcatoolkit.org/smallbusiness/>



<https://www.nist.gov/cyberframework/general-resources>

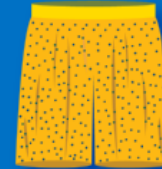


<https://www.cisecurity.org/>



AND REMEMBER ...

PASSWORDS ARE LIKE UNDERPANTS



Change them often, keep them private and never share them with anyone.

THANK YOU FOR YOUR TIME TODAY!



QUESTIONS?