Information Risk Management: An Example of healthcare Domain

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Contents

Introduction	4
Textual Description of the Scenario	4
Modeling with STS – tool	4
Social view	4
Social View Diagram	5
Asset View	6
Asset View Diagram	7
Asset Evaluation Tables	8
Social View After Asset Classification	17
Authorization View	19
Authorization View Diagram	20
Authorization Property	21
Threat View	23
Threat View Diagram	23
Likelihood tables	25
Threat View Diagram Together with the Scales	32
Risk Evaluation- Using Risk Evaluation Matrix	34
Analysis.	38
Risk Assessment	38
Security and Threat Analysis Result	40

Table of Figures

FIGURE 1- SOCIAL VIEW FOR THE HEALTHCARE EXAMPLE	5
FIGURE 2- THE ASSET VIEW OF THE HEALTHCARE EXAMPLE.	7
FIGURE 3. ASSET EVALUATION TABLE OF INFORMATION PERSONAL DATA	
FIGURE 4. ASSET EVALUATION TABLE OF INFORMATION PRESENT ILLNESS	
FIGURE 5. ASSET EVALUATION TABLE OF INFORMATION ALLERGY	9
FIGURE 6. ASSET EVALUATION TABLE OF INFORMATION MEDICAL HISTORY	9
FIGURE 7. ASSET EVALUATION TABLE OF DOCUMENT MEDICAL RECORD	
FIGURE 8.ASSET EVALUATION TABLE OF DOCUMENT REGISTRATION RECORD	
FIGURE 9.ASSET EVALUATION TABLE OF INFORMATION BLOOD NEEDS	
FIGURE 10.ASSET EVALUATION TABLE OF DOCUMENT BLOOD USAGE LISTING	
FIGURE 11.ASSET EVALUATION TABLE OF INFORMATION BLOOD TYPE	
FIGURE 12. ASSET EVALUATION TABLE OF INFORMATION BLOOD INFO	

FIGURE 13.ASSET EVALUATION TABLE OF DOCUMENT BLOOD BANK	13
FIGURE 14.ASSET EVALUATION TABLE OF DOCUMENT REPORT	13
FIGURE 15.ASSET EVALUATION TABLE OF INFORMATION HEALTH RECORD	14
FIGURE 16.ASSET EVALUATION TABLE OF INFORMATION PERSONAL INFORMATION	14
FIGURE 17.ASSET EVALUATION TABLE OF INFORMATION MEDICAL HISTORY INFO	15
FIGURE 18.ASSET EVALUATION TABLE OF DOCUMENT HEALTH RECORD	15
FIGURE 19.ASSET EVALUATION MATRIX OF DOCUMENT DONOR CERTIFICATE	16
FIGURE 20.ASSET EVALUATION MATRIX OF DOCUMENT TEST RESULT	16
FIGURE 21- SECURITY REQUIREMENTS ACCORDING TO VALUES HAS ASSIGNED	18
FIGURE 22-FIGURE 2- THE AUTHORIZATION VIEW OF THE HEALTHCARE EXAMPLE.	20
FIGURE 23. HOSPITAL-PATIENT AUTHORIZATION PROPERTY	21
FIGURE 24-EMMA-MODERN LAB AUTHORIZATION PROPERTY	21
FIGURE 25-EMMA-RED CROSS BTC AUTHORIZATION PROPERTY	21
FIGURE 26-PHYSICIAN-RED CROSS BTC AUTHORIZATION PROPERTY	21
FIGURE 27-HOSPITAL- PHYSICIAN AUTHORIZATION PROPERTY	21
FIGURE 28- EMMA-PHYSICIAN AUTHORIZATION PROPERTY	21
FIGURE 29-ALICE-PHYSICIAN AUTHORIZATION PROPERTY	22
FIGURE 30-ALICE-HOSPITAL AUTHORIZATION PROPERTY	22
FIGURE 31-THREAT VIEW (I)	23
FIGURE 32-THREAT VIEW (II)	24
FIGURE 33-ALICE LIKELIHOOD TABLE	25
FIGURE 34- MODERN LAB LIKELIHOOD TABLE	25
FIGURE 35-RED CROSS BTC LIKELIHOOD TABLE	26
FIGURE 36- PATIENT LIKELIHOOD TABLE	26
FIGURE 37- HOSPITAL LIKELIHOOD TABLE	27
FIGURE 38- PHYSICIAN LIKELIHOOD TABLE	27
FIGURE 39. BLOOD BANK-REGISTRATION RECORD	28
FIGURE 40.TEST RESULT - HEALTH RECORD	29
FIGURE 41.TEST RESULT	29
FIGURE 42. MEDICAL RECORD	30
FIGURE 43.TEST RESULT	30
FIGURE 44. BLOOD BANK	31
FIGURE 45-THREAT VIEW(I)- SCALES ASSIGNED	32
FIGURE 46-THREAT VIEW(II)- SCALES ASSIGNED	33
FIGURE 47. HOSPITAL – DOCUMENT REGISTRATION RECORD	34
FIGURE 48- HOSPITAL BANK RISK EVALUATION MATRIX	34
FIGURE 49HOSPITAL- DOCUMENT BLOOD BANK	34
FIGURE 50- PHYSICIAN RISK EVALUATION MATRIX	35
FIGURE 51 MODERN LAB RISK EVALUATION MATRIX	35
FIGURE 52- PATIENT RISK EVALUATION MATRIX	36
FIGURE 53- RED CROSS RISK EVALUATION MATRIX	36
FIGURE 54-RISK EVALUATION MATRIX	37
FIGURE 55- IMPROVEMENT / ADDED SECURITY REQUIREMENTS TO THE SOCIAL VIEW AS TREATMENT	. 39
FIGURE 56.PROPAGATION OF VIA TRANSMISSION AND THEIR IMPACT ON ACHIEVING GOALS	40
FIGURE 57, PROPAGATION VIA DOCUMENT/INFORMATION STRUCTURE	41
FIGURE 58.A. NUMBER OF COPY VIOLATED FIGURE 59.B. NUMBER OF USER VIOLATION	41

Introduction

This document describes the security requirements for the Healthcare project. It provides a detailed description of the socio-technical security requirements models from different views (Social, Asset, Authorization and threat). The *Social view* represents stakeholders as intentional and social entities, representing their goals and important asset in terms of documents, software, hardware and system, together with their interactions with other actors to achieve these goals and to exchange information. Stakeholders express constraints over their interactions in terms of security needs. It also represents the captured threat against assets. The *Asset view* represents the content of stakeholders' asset, showing how asset are interconnected, as well as how they are composed respectively. The *Authorization view* represents which stakeholders own what information, and captures the flow of permissions or prohibitions from one stakeholder to another. The modelling of authorizations expresses other security needs related to the way information is to be manipulated. The *Threat view* represents how captured threats to start one or chain of events (threat scenario) which lead to incidents (unwanted incident) that harm the system.

Textual Description of the Scenario

A healthcare system is a socio-technical system which involved different roles (abstract actors) and actors (concrete participants). The system allows hospitals and healthcare centers allow physicians or general practitioners to perform medical tests and give advice to registered patients for medical services. The scenario involves the Red Cross RBT for blood donation and distribution. People who would like to donate (e.g., Alice) can make a test a in the ModernLab and send the result to the Red Cross RBT and have a certificate back. There are laboratories involved for specialized tests as well as research centers that conduct data analysis to make forecasts on the need for blood banks. This is complex socio-technical system in participants (actors) need to rely on each other to achieve their objectives, by interacting and exchanging information.

Modeling with STS – tool

Social view

The social view shows the involved stakeholders, which are represented as roles and agents. Agents refer to actual participants (stakeholders) known when modelling the Healthcare example, whereas roles are a generalization (abstraction) of agents. To capture the connection between roles and agents, the play relation is used to express the fact that certain agents play certain roles. Stakeholders have goals to achieve and they make use of different information to achieve these goals. They interact with one another mainly by delegating goals and exchanging assets. Assets may be manipulated by actors, to achieve their goals.

Social View Diagram



Figure 1- Social View for the Healthcare Example

Asset View

The Asset view gives a structured representation of the assets in the Healthcare example. It shows what is the content of the assets represented in the social view. Information asset is represented by one or more documents via *tangible by* relation. Moreover, the Asset view considers composite asset, capturing these by means of *part of* relations. After modeling asset structure, the assets will be valued using *Asset valuation* table. Once they are valued, their classification, and security requirements will be assigned, according to their value.

Asset View Diagram



Figure 2- The Asset View of the Healthcare Example.

Asset Evaluation Tables

After modeling structure of asset, using *Asset Evaluation Table* asset are evaluated. Once the value has been assigned, the class and final value will be set, automatically.

Name	Pers	Personal Data			Owner		Patent		Label		Top Secret	
Value	С	I	[А	Final value		3		Nur	nber of Co	ру	2
	3	(*)	3	2					Nu	mber of Us	er	1
Direct Asset											In	direct asset
Name	Owner		Value	e	Number of	User		Сору				
		С	Ι	А								

Figure 3. Asset Evaluation Table of Information Personal Data

Name	Prese	ent illness	Owner																12		label			Secret
Value	C	Ι	А		Final Value		Final Value		2	Number of Copy		3												
	2	2	2					Number of User		3														
	Direct Asset																							
Name		Owner	, T	√alue	e	Num	ber of User	Number of Copy																
			C	Ι	A																			

Figure 4. Asset Evaluation Table of Information Present Illness

Name		A	Allerg	уy		Owner		Pa	tent	Label	Secret
Value	C	-	I	-	А	Final value	nal value 2		Number of User		3
	2	2	2	2	2				Nur	nber of Copy	2
	Direct Asset										
Name	Owner	er Value Nun				nber of User		Number o			
		С	Ι	Α							

Figure 5. Asset Evaluation Table of Information Allergy

Name	Med	lical h	istory	Own	er			Label	Top Secret
Value	С		Ι	А		Final	3	Number of Copy	2
	3		3	2		value		Number of User	1
	Indirect Asset								
Name	Owner		Valu	e	Number of	Number of Copy			
		C I A User							
Present illne	Present illness			2	2	2	3	3	
Allergy	ergy 2 2 2 3 2								
Personal dat	ta		Patient	3	3	2	2	1	

Figure 6. Asset Evaluation Table of Information Medical History

Name		Medical record		Owner		Patient	Label	Top Secret
Value		C	Ι	A	Final val	ue 3	Number of Copy	2
		3	3	2			Number of User	1
	Indirect Asset							
Name	Owne	er	Va	alue		Number of	Number of Copy	
	C		Ι		А	User		
Personal Data	Patien	nt 3	3	3 2		2	1	

Figure 7. Asset Evaluation Table of Document Medical Record

Name		Regi re	stration cord	n Owner		ion Ow		Patient		Label			ent Label		Label			Top Secret
Value		C	Ι	A	Fi	nal value	3		Number of Copy		2							
		3	2	2					Number of		Number of User		1					
					Direct	Asset	_											
Name	e Owner Value Number of User Number of Co					Number of Copy		Indirect Asset										
			(2	Ι	А												
Personal Data	Ра	atient		3	3 2		2	,	1									
Medical history	Ра	atient		3	3	2	2		1	1								
Medical record				3	3	2	3		1	1								

Figure 8.Asset Evaluation Table of Document Registration Record

Name	Bl	lood ne	eeds	Owner		Owner		Owner		Hospital		wner Hospital		Label	Top Secret
Value	(C	Ι	А	Final Val	ue	3	Number of User	4						
	2	2	3	2				Number of Copy	4						
	Direct Asset														
Name	Owner		Value N		Nur	nber	of User	Number of Copy							
		С	Ι	A	A										

Figure 9.Asset Evaluation Table of Information Blood Needs

Name	Bloo	od us	age li	sting		Own			Label		Top Secret	
Value	C	Ι	-	A]	Final Value	3		Number of	User	4	
	2	3	8	2					Number of	Сору	4	
Direct Asset											Indirect Asset	
Name	Ow	ner		Value	:	Number	Numbe	er of				
			C	Ι	А	of User	Cop	У				
Blood needs	Hosp	oital	2	3	2	4	4					

Figure 10.Asset Evaluation Table of Document Blood Usage Listing

Name	Blood	types		Owner		label	Secret				
X.1	С	Ι	А	E'1 X.1		Number of User	4				
value	2	2	2	Final Value	2	Number of Copy	4				
Direct Asset											
Name	Own	er C	Value I	A	ber of Use	er	Number of Copy				

Figure 11.Asset Evalu	ation Table of	^f Information	Blood Type
-----------------------	----------------	--------------------------	------------

Name	Bloo	od inf	o		Owner	Red	Cross BTC	Label	Secret		
Value	С	Ι	A	Fina	al Value	2 Num		of User		1	
	2	2	2				Number	of Copy		4	
					Direct	Asset	Indirect Asset				
Name	Own	ier		Value		Number of	f User	Num	ber of Copy		
			С	Ι	A						
Blood types			2	2	2	1		4			

Figure 12. Asset Evaluation Table of Information Blood Info

Name		Bloo	od bank		Owner				Secret							
Value		С]	[А	Final	Final Value		Final Value		Final Value			Number of User		1
		2	2	2	2				Number of Copy			4				
			<u>.</u>		Di	Indirect Asset										
Name	Ov	vner			Value	Number o		er of		Number of Copy						
			С	Ι	А		08	ei								
Blood Info	Red Cr	oss BTC	2	2	2		1			4						
Blood types			2	2	2		1	1 4								

Figure 13.Asset Evaluation Table of Document Blood Bank

Name	:	Re	eport		Ov	vner			label		Secret
Value	,	С		Ι	A	Fi	inal Value	2	Number of User		1
		2		2	2		rinai value		Number of Copy		4
						Dire	ect Asset			Indirect Asset	
Name	Ow	ner		Value	:		Number of Use	er	Number of Cop	у	
			C	Ι	А						
Blood Info	Red Cro	oss BTC	2	2	2		1		4		

Figure 14.Asset Evaluation Table of Document Report

Name	Health	n status		Owner		Alic	ce label		Secret		
Value	C	Ι	А		Final	Value	2	Nur	nber of User		1
	2	2	2					Nun	nber of Copy		4
		Direct Asset									Indirect Asset
Name		Owner	Value			Nu	mber of	User	Numbe	r of Copy	
			С	Ι	A						

Figure 15.Asset Evaluation Table of Information Health Record

Nar	ne	Persor informa	nal tion		Owr	ier		Alice	label		Top Secret
Val	ue	C	Ι	A Final Value			3	Number of User			2
		3	2	1				Number of Copy			2
				Direct A	Asset						Indirect Asset
Name		Owner			Value		Numbe	er of User	Number o	f Copy	
Tulle		o whor	C	Ι	А						

Figure 16.Asset Evaluation Table of Information Personal Information

Name	Medica	al history	info		Owner			label			Top Secret		
Value	C		Ι	А	Final value		Final value		3	Numb	Number of User		2
	3		2	2				Number of Copy			2		
				Dire	ect Asset		Indirect Asset						
Name		Owner		Value		Numb	per of	Num	ber of Copy				
			C	Ι	Α	Us	ser						
Personal Info		Alice	3	3	1	2	2		2				
Health status		Alice	2	2	2		3		3				

Figure 17. Asset Evaluation Table of Information Medical History Info

Name	Health	reco	rd	C	wner			label			Top Secret		
Value	С		Ι	A		Final Value		3	Number o	f User	2		
	3		2	2					Number of	f Copy	2		
		Ι	Direct A	Asset	•			Indirect Asset					
Name	Owner	C	Value I	A	Nun	Number of User		Number of C	Сору				
Personal Info	Alice	3	2	1		2		2					
Report		2	2	2		3	3						

Figure 18.Asset Evaluation Table of Document Health Record

Name		De cert	onor ificate	Owr	ner	la		label		Top Secret	
Value		С	Ι	A	Fina	al Value		3	Number of User		2
		3	2	1					Number of Copy		2
				D	Direct Asset						Indirect Asset
Name	Owner		Val	ue		Number	r of Us	er	Number of Co	ру	
		C	Ι	А							
Personal info	Alice	3	2	1		2			2		

Figure 19.Asset Evaluation Matrix of Document Donor Certificate

Name		Tes	t result	C	wner	label					Top Secret		
Value		С	Ι	A	Final Value 3 1				1				
		3	2	2					Number of User			2	
					Direct A	sset	Indirect Asset						
Name	Owner		Value	-	Number								
		C	Ι	A	of User	of User							
Personal Info	Alice	3	2	1	2	2							
Health status	Alice	2	2	2	1	4							

Figure 20.Asset Evaluation Matrix of Document Test Result

Social View After Asset Classification

To ensure a level of protection for all asset, security requirements are assigned after classification.



Figure 21- Security Requirements According to Values Has Assigned

Authorization View

The authorization view shows the permissions or prohibitions flow from a stakeholder to another, that is, the authorizations stakeholders grant or deny to others about information, specifying the operations the others can and must perform over the information. Apart from granting authority on performing operations, a higher authority can be granted, that of further authorizing other actors (i.e. authorization transferability). Authorizations start from the information owner. Therefore, in the authorization view, ownership is preserved and inherited from the information view.

Authorization View Diagram



Figure 22-Figure 2- The Authorization View of the Healthcare Example.

Authorization Property

Property	Value
Name	Hospital- Red Cross BTC
Duration of authorization	During Contract
Act on Termination	Distroy

Property	Value
Name	Emm-Moden lab
Duration of authorization	During treatment
Act on Termination	Distroy

Figure 23. Hospital-Patient Authorization Property

Property	Value
Name	Emm-Red Cross BTC
Duration of authorization	During treatment
Act on Termination	Return

Figure 25-Emma-Red Cross BTC Authorization Property

Property	Value
Name	Emm-Physician
Duration of authorization	During treatment
Act on Termination	Return

roperty	Value
	Develoion Dod Cross DTC

Figure 24-Emma-Modern Lab Authorization Property

Property	Value
Name	Physician-Red Cross BTC
Duration of authorization	3 month
Act on Termination	Return

Figure 26-Physician-Red Cross BTC Authorization Property

Property	Value
Name	Hospital- Physician
Duration of authorization	During contract
Act on Termination	Return

Figure 28- Emma-Physician Authorization Property

Figure 27-Hospital- Physician Authorization Property

Property	Value
Name	Alice-Hospital
Duration of authorization	During treatment
Act on Termination	Return

Property	Value
Name	Alice-Physician
Duration of authorization	During treatment
Act on Termination	Return

Figure 29-Alice-Physician Authorization Property

Figure 30-Alice-Hospital Authorization Property

Threat View

The model captures the vulnerabilities that exist in the system which allows threats threat scenario(s), by which incident(s) raise to harm asset. We specify which security objective(s) of asset is compromised due to the incidents.

Threat View Diagram



Figure 31-Threat View (I)



Figure 32-Threat View (II)

Likelihood tables

When the threat diagram is model, it is time to estimate likelihood and consequence scales, in order to compute the risk values which are used to decide whether threats are acceptable or not.

Likelihood Scale estimates for each victim actor with help pf analyst based on their judgment respect how they may be determined from their historical data that there are aware of. While, consequence is estimated for each asset based on their importance.

Likelihood Scale	Definition	Description
Certain	[70,∞>:10y=[7,∞>:1y	More than seven in a year
Likely	[20,70>:10y=[2,7>:1y	two to seven in a year
Possible	[5,20>:10y=[0.5,2>:1y	less than twice in a year
Unlikely	[1,5>:10y=[0.1,0.5>:1y	less than once in two year
Rare	[0,1>:10y=[0.1,0.5>:1y	less than once in ten year
<		

Figure 33-Alice Likelihood Table

Likelihood Table		×
Likelihood Scale	Definition	Description
Certain	[60,∞>:10y=[6,∞>:1y	More than six in a year
Likely	[10,60>:10y=[2,6>:1y	two to six time in a year
Possible	[6,20>:10y=[0.6,2>:1y	less than twice per year
Unlikely	[1,6>:10y=[0.1,0.5>:1y	less than once per year
Rare	[0,1>:10y=[0,0.1>:1y	less than once per ten year
<		>
		OK Cancel

Figure 34- Modern lab Likelihood Table

Likelihood Scale	Definition	Description
Certain	[70,∞>:10y=[7,∞>:1y	More than seven in a year
Likely	[20,70>:10y=[2,7>:1y	two to seven in a year
Possible	[5,20>:10y=[0.5,2>:1y	less than twice in a year
Unlikely	[1,5>:10y=[0.1,0.5>:1y	less than once in two year
Rare	[0,1>:10y=[0.1,0.5>:1y	less than once in ten year
<		



📲 Likelihood Table		×
Likelihood Scale	Definition	Description
Certain	[40,∞>:10y=[4,∞>:1y	More than four in a year
Likely	[10,40>:10y=[1,4>:1y	one to four in a year
Possible	[5,10>:10y=[0.5,1>:1y	less than once per year
Unlikely	[1,5>:10y=[0.1,0.5>:1y	less than once per ten year
Rare	0	not happen at all
<		>
		OK Cancel

Figure 36- Patient Likelihood Table

Likelihood Scale	Definition	Description
Certain	[40,∞>:10y=[4,∞>:1y	More than four in a year
Likely	[10,40>:10y=[1,4>:1y	one to four in a year
Possible	[5,10>:10y=[0.5,1>:1y	less than once per year
Unlikely	[1,5>:10y=[0.1,0.5>:1y	less than once per ten year
Rare	0	not happen at all
<		



Likelihood Scale	Definition	Description
Certain	[70,∞>:10y=[7,∞>:1y	More than seven in a year
Likely	[20,70>:10y=[2,7>:1y	two to seven in a year
Possible	[5,20>:10y=[0.5,2>:1y	less than twice in a year
Unlikely	[1,5>:10y=[0.1,0.5>:1y	less than once in two year
Rare	[0,1>:10y=[0.1,0.5>:1y	less than once in ten year
<		
		OK Cancel

Figure 38- Physician Likelihood Table

Consequance Tables

Hospital Documents Affected Documents)

Consequence Tabl	e	×	Consequence Tabl	le
Consequence Scale Catastrophic	Description 1000+ file are affected		Consequence Scale Catastrophic	Description up to 1000 file are affected
Major	500 - 1000 file are affected		Major	400-1000 file are affected
Moderate	200-500 file are affected		Moderate	200 - 400file are affected
Minor	100-200 file are affected		Minor	100 - 200 file are affected
Insignificant	less than file are affected		Insignificant	up to 100 file are affected
<		>	<	
	OK Cancel			OK Cancel

Figure 39. Blood Bank-Registration Record

Red Cross BTC Affected Documents

Consequence Tabl	e X	Consequence Tabl	le	Х
Consequence Scale	Description	Consequence Scale	Description	
Catastrophic	500+ files are affected	Catastrophic	500 files are affected	
Major	400-500 files are affected	Major	200-500 files are affected	
Moderate	200-400 files are affected	Moderate	100-200 files are affected	
Minor	100-200 files are affected	Minor	50-100 files are affected	
Insignificant	less than 100 files are affected	Insignificant	less than 50 files are affected	
<	>	<		>
	OK Cancel		OK Cancel	

Figure 40.Test Result - Health Record

Modern Lab Affected Document

Consequence Tabl	e	\times
Consequence Scale	Description	
Catastrophic	550+ files are affcted	
Major	350-550 files are affcted	
Moderate	200-350 files are affcted	
Minor	100-200 files are affcted	
Insignificant	up to 100 files are affcted	
<		>
	OK Cancel	

Figure 41.Test Result

Patient Affected Document

Consequence Table	e	×
Consequence Scale	Description	
Catastrophic	500+ files are affected	
Major	400-500 files are affected	
Moderate	200-400 files are affected	
Minor	100-200 files are affected	
Insignificant	less than 100 files are affected	
<		>
	OK Cancel	

Figure 42. Medical Record

Alice Affected Document

Consequence Tabl	e	×
Consequence Scale	Description	
Catastrophic	550+ files are affcted	
Major	350-550 files are affcted	
Moderate	200-350 files are affcted	
Minor	100-200 files are affcted	
Insignificant	up to 100 files are affcted	
<		>
	OK Cancel	

Figure 43.Test Result

Physician Affected Document

Consequence Table	e	\times
Consequence Scale	Description	
Catastrophic	1000+ file are affected	
Major	500 - 1000 file are affected	
Moderate	200-500 file are affected	
Minor	100-200 file are affected	
Insignificant	less than file are affected	
<		>
	OK Cancel	

Figure 44. Blood Bank

Threat View Diagram Together with the Scales



Figure 45-Threat View(I)- Scales Assigned



Figure 46-Threat View(II)- Scales Assigned

Risk Evaluation-Using Risk Evaluation Matrix

Risk Evaluation Matrix is to realize whether the threat is out of stakeholder tolerance (unacceptable) or not respect to the two scales. The one falls in the red cells needs to be treated.



Figure 47. Hospital – Document Registration Record



Figure 48- Hospital Bank Risk Evaluation matrix

SF	Risk Evaluation N	/latrix				×
			Consequ	Jence		
F	blood meter	Insignificant	Minor	Moderate	Major	Catastrophic
e	Rare					
q u	Unlikely					
e	Possible					
n c	Likely				Physician-integrity compromise	
y	Certain					
					OK	Cancel





Figure 51 Modern Lab Risk Evaluation matrix

SH	Risk Evaluation M	atrix				×
			Consequ	Jence		
F	Medical reco	Insignificant	Minor	Moderate	Major	Catastrophic
e	Rare					
q u	Unlikely					
e	Possible					
n c	Likely					
У	Certain				Patient-Availability Compromise	
					ОК	Cancel





Figure 53- Red Cross Risk Evaluation matrix

Risk Evaluation Matrix

Test result	Insignificant	Minor	Mode	Major	Catastrophic
Rare					
Unlikely					
Possible					Red Cross BTC-Confidentiality compromised,
Likely					
Certain					Red Cross BTCIntegrity Compromised ,

Figure 54-Risk Evaluation matrix

Analysis.

Risk Assessment

Evaluating threats by the *Risk Evaluation Matrix* Classified what are the unacceptable threats which need to be further assessment. The secret-class asset security requirements can be improved.



Figure 55- Improvement /added Security Requirements to the Social View as Treatment

Security and Threat Analysis Result

Since the models created in modeling phase are tightly connected, there may be included some inconsistency and conflict between requirements and threats that endanger stakeholders' assets. To discover these issues, security and risk



Figure 56. Propagation of via transmission and their impact on achieving goals



Figure 57, Propagation via Document/information structure



Figure 58.a. Number of Copy Violated

Figure 59.b. Number of User Violation