IHS Security Agreement Summary

Purpose
What is the business or medical purpose for entering into this agreement?

The purpose of this security agreement summary is to establish procedures for mutual cooperation and coordination between the Indian Health Service (IHS), an agency of the United States Department of Health and Human Services (HHS), and _____ (hereinafter known as "both parties"). These procedures identify and prescribe information security safeguards and responsibilities required to establish:

A network interconnection security agreement (ISA) between the IHS and

A data exchange agreement (DEA) between the IHS and

This SAS is intended to minimize security risks and ensure the confidentiality, integrity, and availability (CIA) of information owned by either IHS or _____ that is shared or transmitted through the network interconnection.

Services
Describe the nature of the information services (e.g. Email, Secure File Transfer Protocol (FTPS), database query, file query, general computational services, etc.) offered over the interconnected system by each participating organization.

Classification of Data
What types of data are being transmitted or exchanged as part of the agreement?

System or Data Flow Diagram(s)
*Use the IDEAS ticket **Attach File** function to attach the appropriate diagram for the agreement.*

__For an ISA__: At a minimum, attach a diagram with an explanation of each directly connected interface, including the classification of the data, the protocol used, the direction (in-bound, outbound, or both) and hosting network/environment when applicable. Identify the exterior boundary/gateway for each system. An external interface is any data path between a point within the security boundary and a point outside the security boundary. Cross-domain solutions require additional documentation. Note the direction of data flows within the boundary.

__For a DEA:__ Attach a data flow diagram with an explanation of how the information is shared and stored, and procedures for handling federally protected data, such as PHI/PII.

Proposed Standard Configuration

Provide answers to help determine the overall technical risk and suggested security controls to mitigate risk to IHS.

Data Type	IHS Host	
Connection Type (ISA Only)		
Data Exchange Medium (DEA only)		
Data Categorization		
System Categorization		
FIPS-Compliant Encryption Type (Minimum AES-128)		
FIPS-Compliant Hash Type (Minimum SHA-256)		

Will PHI/PII be transmitted or shared between IHS and **?** YES NO

IHS HQ Architecture & Engineering Team

A&E Team Reviewer Name:

A&E Team Reviewer Signature:

IHS HQ Security Agreement Team

SA Team Reviewer Name:

SA Team Reviewer Signature:

Area/Site Connections
Which Area offices and sites will be connected/sharing data as part of this agreement?
Attach an addendum if more rows are needed.

IHS Area/Site Connected	IHS Device Connected		Date Connected	Currently Connected?

IP Addresses, Ports, and Protocols

If this agreement includes a persistent connection, what IP addresses, ports, and protocols will it use? Attach an addendum if more rows are needed.

Note: IP addresses are not applicable to a Data Exchange Agreements

Source IP Address	Destination IP Address	Ports	Protocols

Contact Information
Who are the contract Points of Contact associated with this agreement?

Contract No.

IHS Management Contacts

Contact Information	Contract Officer's Representative Information
Name	
Email	
Phone Number	

Contact Information	Project Manager Information
Name	
Email	
Phone Number	

Contact Information	Backup Project Manager Information
Name	
Email	
Phone Number	

Contact Information	Area ISSO Information
Name	
Email	
Phone Number	

Contact Information	IHS HQ Security Information
Name	
Email	
Phone Number	

Contact Information	IHS Network Security Contact Information
Name	
Email	
Phone Number	

Contact Information	Business Associate Program Manager Information
Name	
Email	
Phone Number	

Contact Information	Business Associate Back-up Program Manager Information
Name	
Email	
Phone Number	

Contact Information	Business Associate Technical Contact #1 Information
Name	
Email	
Phone Number	

Contact Information	Business Associate Technical Contact #2 Information
Name	
Email	
Phone Number	

Signatures

IHS Management

Name:

Title:

Date:

Signature:

IHS Information Security

Name:

Title:

Date:

Signature:

Name:

Title:

Date:

Signature:

Name:

Title:

Date:

Signature: