

# PRIVACY PRESERVING FOR ELECTRONIC HEALTH RECORD SYSTEMS

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# PRIVACY PRESERVING FOR ELECTRONIC HEALTH RECORD SYSTEMS

BY

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### **DEDICATIONS**

This thesis is dedicated to my wonderful parents and beautiful family in the hope that it shows everything can be achieved given the right support.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the Degree of Master of Information Security

### Privacy Preserving For Electronic Health Record Systems

By

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**JUNE 2019** 

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Electronic Health Records (EHR) made it easier to manipulate and manage health records in health centers, it enables many medical institutions to exchange the EHR with ease. However, as the architecture of these services become complicated, it introduces new security threats, for instance privacy of patient's data and information when EHR is exchanged between institutions and users. In order to keep the patient's information private, many systems and methods have been proposed to implement access control to the health records of patients. However, most of the recent approaches don't state the importance of strong authentication, don't support fine-grained access control and also do not take into account the encryption of data in the server. Consequently, this research proposes an EHR system that works with attribute-based access control using PHP Laravel framework. The proposed system provides multi-factor authentication, access control and also encrypts EHRs.

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This dissertation was submitted to the Information Security Department, Faculty of Computer Science and Information Technology, Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of **Master of Information Security**.

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Date: June 25, 2019

### **DECLARATION**

I declare that the thesis is my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously, and is not concurrently, submitted for any other degree at Universiti Putra Malaysia or at any other institution.

(Signature)

ZAKARIYE MOHAMED YUSSUF

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Date: June 25, 2019

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### CHAPTER ONE

### INTRODUCTION

This chapter commences with an overview of the research topic and explains the motivation for this work. The problem statement is then identified followed by the research objectives and scope. At the end of this chapter the organization of the dissertation is provided.

### 1.1 Background And Motivation

With the rapid development of information technology, health organisations migrated from paper-based methods of keeping health records to digitised medical information system or electronic health records (EHR). With electronic health records, huge amounts of medical information can be managed easily in comparison to paper based methods. This migration comes with a handful of advantages, some of them are: improved quality of care, the promotion of evidence-based medicine and record keeping a reduction in costs and mobility, Luis et al (2013). It's defined by Seol et al (2018) that EHRs are electronically stored digital forms consisting of all patient's health data which means that it's an electronic or digital version of a patient's record that holds elements regarding the patient's health like blood type, age, diseases, medications, diagnoses, laboratory and test results and so on. To improve the quality and effectiveness of health institutions as well as the accuracy of the diagnosis, patient's data are distributed across multiple-sites with different institutions and also are required to be shared and accessed by the medical practitioner that requires the history of the patient's medical record at that very moment.

The Electronic Health Record (EHR) has advanced to be in the focus of most European countries, and globally as stated by (Dipak et al, 2006). There are many standards that govern an EHR, such as, health level seven (HL7) which is a collection of standard formats that state the interfaces for electronic information exchange in healthcare environments between computer applications, health insurance portability and accountability act (HIPAA) which provides security means and protection measures to safeguard health information. HIPAA

defines some information as protected health information, these include social security number, address of home, credit card, mobile number, medical data and others.

For patient's medical record to be exchanged to improve medical services, a common platform that is compatible with the different types of systems that hospitals and clinics use is required. Cloud computing is clearly the best platform simply because it can be accessed by anyone that pays for its services and it comes with a lot of benefits like speed, scalability, reduced cost and higher performance. As Microsoft defined, cloud computing is the delivery of computing services such as, servers, storage, databases, networking, software, and analytics over the Internet ("the cloud").

Electronic Health Records have come with a lot of advantages ranging from storing large amount of medical data to easily accessing patient's data from anywhere, but that comes with price, loads of attempt to safeguard the privacy of patient while not compromising usage of the information and corresponding healthcare services as discussed by Sharma et al (2018). Unauthorised exposure of sensitive health data violates HIPAA and also can have a big impact on the patient's social, health-related and economic life. To protect the patients' privacy of medical record is crucial in this era of technology where security issues arise regularly. Some examples of the attacks are, on January 29, 2015 anthem.inc which is a US health insurance giant experienced a massive data breach during which approximately 78.8 to 80 million Americans have had their personal information exposed to hackers as reported by Infosec Institute website. Sources stated that during the attack no medical information was stolen but personal information only, sources also stated that the insurance company didn't encrypt their files. Another attack reported by wall street journal that is an attack on a government computer that is used by insurance and brokers to directly enrol customers. The hacked computer interacts with healthcare gov and an estimated of 75,000 files was compromised.

To protect all these cyber-attacks and to limit the exposure of sensitive medical records, this research proposes a EHR system that employs attribute based access control (ABAC) and can only be accessed by authorised users. The system also encrypts data in the database in case an intruder gains access, the data will not be plaintext and readable.

### 1.2 Problem Statement

Few methods to preserve patient's privacy of medical records were proposed in the last few researches. Seol et al (2018) proposed use of fine-grained access control called Attribute access control (ABAC), encryption and digital signature. In the mentioned research, partial encryption was deployed which reveals part of the data in the document therefore sensitive medical records can be exposed in case an intruder hacks the system and or the server is compromised.

Just like what happened to anthem.inc in 2015 in which their systems were hacked and approximately 80 million personal information stolen might be due to lack of privacy protection because their files and data were not encrypted.

### 1.3 Research Objective

- The main objective of this study is to design and implement EHR system that preserves the privacy of patient's medical records. To achieve this objective, the study will be guided by the following specific objectives:
  - To propose attribute based access control access rights are granted to users through the use of policies which combine attributes together.
  - To propose mechanism to protect unauthorized user to access medical records by encrypting patient's medical records in the database.
  - To propose multifactor authentication to strengthen access to the system.

### 1.4 Research Scope

- The system will only be used with local data even though it can later be implemented in cloud infrastructure.
- This system will be used across the medical practitioners that require patients' health records to provide the necessary services.

### 1.5 Organization of Dissertation

This research comprises of five chapters. These chapters are as follows. Chapter 1 is the introduction chapter, covers the background of the study, identifies and discusses the problem statement, research objectives, explains the scope of research, ends with a brief description of the organization of the dissertation.

Chapter 2 introduces the literature review on privacy preserving on Electronic health record system, focuses on the threats that might compromise the security in terms of privacy, highlights and discusses different methods and techniques used to preserve privacy, identifies strength and weakness for the methods used. In addition to that, journals with studies related to the research topic are identified.

Chapter 3 explains the research methodology and presents the EHR framework in detail. What follows chapter 5 which explains the proposed research technique, and implementation by employing PHP Laravel version 5.8.

The results are presented and discussed in Chapter 5 while Chapter 6 offers conclusion of the study and makes recommendations for further related research

### REFERENCES

Fernández-Alemán, J. L., Señor, I. C., Lozoya, P. Á. O., & Toval, A. (2013). Security and privacy in electronic health records: A systematic literature review. *Journal of biomedical informatics*, 46(3), 541-562.

Seol, Kwangsoo, et al. "Privacy-Preserving Attribute-Based Access Control Model for XML-Based Electronic Health Record System." IEEE Access 6 (2018): 9114-9128.

Kalra, Dipak. "Electronic health record standards." Schattauer GMBH-Verlag, 2006. 136-144.

Sharma, Sagar, Keke Chen, and Amit Sheth. "Toward practical privacy-preserving analytics for iot and cloud-based healthcare systems." IEEE Internet Computing 22.2 (2018): 42-51.

https://resources.infosecinstitute.com/category/healthcare-information-security/healthcare-attack-statistics-and-case-studies/case-study-health-insurer-anthem/#gref

https://www.wsj.com/articles/hackers-breach-healthcare-gov-1539991262

Brakerski, Zvika, Craig Gentry, and Vinod Vaikuntanathan. "(Leveled) fully homomorphic encryption without bootstrapping." ACM Transactions on Computation Theory (TOCT) 6.3 (2014): 13.

Chen, Feng, et al. "Perfectly Secure and Efficient Two-Party Electronic-Health-Record Linkage." IEEE internet computing 22.2 (2018): 32-41.

Yang, Ji-Jiang, Jian-Qiang Li, and Yu Niu. "A hybrid solution for privacy preserving medical data sharing in the cloud environment." *Future Generation Computer Systems* 43 (2015): 74-86.

Khan, Shahidul Islam, and Abu Sayed Latiful Hoque. "Privacy and security problems of national health data warehouse: a convenient solution for developing countries." *Networking Systems and Security (NSysS)*, 2016 International Conference on. IEEE, 2016.

Lu, Yang, et al. "Privacy-Preserving Access Control in Electronic Health Record Linkage." 2018 17th IEEE International Conference On Trust, Security And Privacy In Computing And Communications/12th IEEE International Conference On Big Data Science And Engineering (TrustCom/BigDataSE). IEEE, 2018.

Dagher, Gaby G., et al. "Ancile: Privacy-preserving framework for access control and interoperability of electronic health records using blockchain technology." *Sustainable* 

Cities and Society 39 (2018): 283-297

Rezaeibagha, Fatemeh, and Yi Mu. "Distributed clinical data sharing via dynamic access-control policy transformation." *International journal of medical informatics* 89 (2016): 25-31.

Premarathne, Uthpala, et al. "Hybrid cryptographic access control for cloud-based EHR systems." *IEEE Cloud Computing* 4 (2016): 58-64.

Yang, Kan, et al. "Time-domain attribute-based access control for cloud-based video content sharing: A cryptographic approach." *IEEE Transactions on Multimedia* 18.5 (2016): 940-950.

Sandhu, R. S., & Samarati, P. (1994). Access control: principle and practice. *IEEE communications magazine*, 32(9), 40-48.

Evans, R. S. (2016). Electronic health records: then, now, and in the future. *Yearbook of medical informatics*, 25(S 01), S48-S61.

Qian, H., Li, J., Zhang, Y., & Han, J. (2015). Privacy-preserving personal health record using multi-authority attribute-based encryption with revocation. *International Journal of Information Security*, 14(6), 487-497.

Qian, H., Li, J., Zhang, Y., & Han, J. (2015). Privacy-preserving personal health record using multi-authority attribute-based encryption with revocation. *International Journal of Information Security*, 14(6), 487-497.

Narayan, S., Gagné, M., & Safavi-Naini, R. (2010, October). Privacy preserving EHR system using attribute-based infrastructure. In *Proceedings of the 2010 ACM workshop on Cloud computing security workshop* (pp. 47-52). ACM.

Danwei, C., Xiuli, H., & Xunyi, R. (2009, December). Access control of cloud service based on ucon. In *IEEE International Conference on Cloud Computing* (pp. 559-564). Springer, Berlin, Heidelberg.

Yuan, E., & Tong, J. (2005, July). Attributed based access control (ABAC) for web services. In *IEEE International Conference on Web Services (ICWS'05)*. IEEE.

Bell, D. E. and La Padula, L. J. 1976, Secure computer system: Unified exposition and multics interpretation, Tech. rep., MITRE CORP BEDFORD MA.

Qian, X. and Lunt, T. F. 1996. A MAC policy framework for multilevel relational databases. IEEE Transactions on Knowledge and Data Engineering 8 (1): 3{15.

Kuhn, D. R., Coyne, E. J., & Weil, T. R. (2010). Adding attributes to role-based access control. *Computer*, 43(6), 79-81.

Kofler, M. (2001). What Is MySQL? (pp. 3-19). Apress

https://en.wikipedia.org/wiki/Microsoft\_Project

https://www.groovypost.com/howto/enable-gmail-input-tools/

Bakken, S. S., Suraski, Z., & Schmid, E. (2000). *PHP Manual: Volume 2.* iUniverse, Incorporated

https://laravel.com/docs/4.2/introduction

Raggett, D., Le Hors, A., & Jacobs, I. (1999). HTML 4.01 Specification. W3C recommendation, 24.

https://developer.mozilla.org/en-US/docs/Web/JavaScript

https://vuejs.org/v2/guide/

Johnson, A. E., Pollard, T. J., Shen, L., Li-wei, H. L., Feng, M., Ghassemi, M., ... & Mark, R. G. (2016). MIMIC-III, a freely accessible critical care database. *Scientific data*, 3, 160035.

Abbas, A., & Khan, S. U. (2014). A review on the state-of-the-art privacy-preserving approaches in the e-health clouds. *IEEE Journal of Biomedical and Health Informatics*, 18(4), 1431-1441.

Sandhu, R., Ferraiolo, D., & Kuhn, R. (2000, July). The NIST model for role-based access control: towards a unified standard. In *ACM workshop on Role-based access control* (Vol. 10, No. 344287.344301).