1. PURPOSE

The purpose of this policy is to direct information owners and information custodians in the assessment of information and information systems to determine the appropriate data classification level, which then prescribes the necessary security measures which must be in place.

For guidelines related to the disclosure of information, refer to SAM 01.D.06, Protection of Confidential Information and the Office of General Counsel.

2. POLICY

It is the policy of the University of Houston System (UHS) to ensure data is appropriately classified and technical and physical security safeguards are implemented to protect the data. Appropriate protection measures must be applied to UHS information, no matter the location where the information is stored or accessed.

3. DEFINITIONS

3.1. Critical information resource: An information resource housing confidential, sensitive personal or mission critical information. Critical information resources must have the following physical and technical safeguards implemented:

   A. Physical access granted only to authorized personnel via access cards, keys or other control mechanisms.
   B. Protection from environmental hazards.
   C. Regularly completed backups of all files. If the component university backup system is not used, the backup data must be stored in a separate, secure area.
   D. Uninterrupted power supply (UPS).
   E. Relevant security patches installed.
   F. Anti-virus software installed and appropriately configured.
   G. Unnecessary and/or inactive accounts must be disabled or deleted.
H. Vendor-supplied system passwords must be replaced with strong passwords.

I. Audit/security logs enabled on the critical information resource.

J. Prior to the disposal of the critical information resource, a secure destruction method must be used to ensure the resource is sanitized rendering the data unrecoverable.

3.2. **Information Custodian**: An information custodian is a person (or department/unit) providing operational support for an information resource (e.g., server administrators).

3.3. **Information Owner**: An information owner is the person responsible for the business use of a collection of information or the business function supported by a system (e.g., the Registrar is the information owner of student records). The information owner may also be responsible for other information resources including personnel, equipment, and information technology that support their business function. The head of a respective college, division or department may be the information owner, and ownership may be shared by managers of different departments.

3.4. **Information resource**: Procedures, equipment, and software that are employed, designed, built, operated, and maintained to collect, record, process, store, retrieve, display, and transmit information.

4. **DATA DEFINITIONS**

4.1. **Confidential information (Level 1 data)**: Information, as defined by [SAM 01.D.06 – Protection of Confidential Information](#), that includes, but is not limited to, social security numbers, educational records as defined by the Family Educational Rights and Privacy Act (“**FERPA**”), health care information as defined by the Health Insurance Portability and Accountability Act (“**HIPAA**”) and other applicable law, and customer information as defined by the Gramm-Leach-Bliley Act (“**GLB Act**”).

4.2. **Sensitive personal information (Level 1 data)**: As defined by the [Texas Business and Commerce Code Section 521.002(a)2](#),

A. An individual’s first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted:

- social security number;
- driver’s license number or government-issued identification number; or
• account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual’s financial account.

B. Information that identifies an individual and related to:
• The physical or mental health or condition of the individual;
• The provision of health care of the individual; or
• Payment for the provision of health care to the individual.

4.3. Mission-critical information (Level 1 data): Information defined by the university or information owner to be essential to the continued performance of the mission of the University or department/unit. Mission-critical information includes all research data obtained from third parties pursuant to an agreement or grant and/or other data necessary to substantiate research results or to satisfy grant-funding requirements, regardless of whether such data was developed by the university or obtained from third parties. An event causing the unavailability of mission-critical information has the potential to cause significant financial loss, including loss of future funding, institutional embarrassment, non-compliance with legal obligations, or closure of the University or department/unit.

4.4. Protected information (Level 2 data): Information that may be subject to disclosure or release under the Texas Public Information Act as requested.

4.5. Public information (Level 3 data): Information readily available in the public domain, such as information posted on the component university’s public web site, and any other information not classified as Level 1 or 2.

5. CLASSIFYING DATA

5.1. It is the responsibility of the information owner to classify information for which they are responsible into one of the types listed in Section 4.

5.2. It is the responsibility of the information custodian to ensure the appropriate technical and physical security safeguards are implemented as directed by the information owner.

5.3. If the information owner cannot classify data based on the definitions in Section 4, the data should be classified according to the requirements of confidentiality, integrity, or availability of the information. These requirements may be defined by documents such as non-disclosure agreements, memoranda of understanding, service level agreements, etc. Data must be classified by the highest level identified for any one of the criteria.

• Confidentiality – Data must be limited to individuals with sufficient privileges and demonstrated need.
• Integrity – Data must be whole, complete, and uncorrupted.
• Availability – Data must be able to be accessed in a timely manner and usable format.

<table>
<thead>
<tr>
<th>Information Protection Level</th>
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<tr>
<td>Criteria</td>
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<tr>
<td>Confidentiality</td>
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<tr>
<td>Integrity</td>
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<tr>
<td>Availability</td>
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</tbody>
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6. DATA PROTECTION REQUIREMENTS

6.1. Level 1 – Data classified as Level 1 must be protected in the following manner:

A. Must be stored on a critical information resource.
B. Must have appropriate data access controls in place.
   • If electronic information, access must be granted only through the use of a user ID and complex password.
   • If hard copy information, must be stored in a locked location (such as a locked file cabinet).
C. Must not be transmitted via wireless network devices unless encrypted.
D. Must not be transmitted by e-mail unless encrypted.
E. Should be encrypted at rest when technically and feasibly possible.
F. Should not be stored on a removable or portable device (such as a flash drive or laptop). If a valid business need requires level 1 data to be stored on a removable or portable device, the information must be encrypted.
G. Should not be stored on non-university devices. If a valid business need requires level 1 data to be stored on a non-university device, specific permission must be obtained in advance from the department/unit head or component university Information Security Officer.

6.2. Level 2 – Data classified as Level 2 does not require specific protection measures, but the following safeguards are recommended to ensure the confidentiality, integrity, and availability of the information.

A. Should be stored on a critical information resource.
B. Should have appropriate access controls in place (e.g., user ID and password).
6.3. Level 3 – Data classified as Level 3 has no requirement for confidentiality, integrity, or availability. As such, no specific protection measures are required.

7. REVIEW AND RESPONSIBILITIES:

Responsible Party:  Associate Vice Chancellor for Information Technology

Review: Every three years on or before June 1

8. APPROVAL

Approved: Jim McShan
Senior Vice Chancellor for Administration and Finance

Renu Khator
Chancellor

Date: December 15, 2017

**REVISION LOG**

<table>
<thead>
<tr>
<th>Revision Number</th>
<th>Approved Date</th>
<th>Description of Changes</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>09/06/2011</td>
<td>Initial version (MAPP 10.05.03)</td>
</tr>
<tr>
<td>2</td>
<td>06/12/2015</td>
<td>Converted from MAPP 10.05.03 to SAM 07.A.08</td>
</tr>
<tr>
<td>3</td>
<td>12/15/2017</td>
<td>Added research data in the definition of mission-critical information in Section 4.3. Included encryption of data at rest when technically and feasibly possible to Data Protection Requirements (Level 1) in Section 6.1.E</td>
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