# Secure Data Management -Public Health Record system

R. Gennaro, B. David, P. Svélecz, R. van de Haterd

## UNIVERSITY OF TWENTE.

### **Table of Contents**



Functional and Security

### **Implementation**

Delving into the "nitty-gritty" details

04

02

#### **Solution overview**

An "airplane view" of the proposed solution

Jystem

#### architecture

System design from a high-level perspective

### Demo

05

How everything works in practice

06

### Limitations

Known boundaries of the system

01

# Project Requirements

## **Functional Requirements**

#### **Active Users**

Users with write access who constantly interact with the PHR

### **Passive Users**

Users with read-only access who only observe the PHR

### **Authorities**

Entities responsible for issuing keys

## **Active Users**



### **Patients**

Have complete control over their own health record



#### **Doctors**

Read patient data and write health data in the PHR



Read patient data and write training data in the PHR

## **Passive Users**



Insurance representatives



**Employer** representatives

Can be granted read access, but not write.

## **Authorities**



**Hospitals** 



**Health Clubs** 



**Insurance companies** 



**Employers** 

## **Security Requirements**



### **Data encryption**

Health-related data is highly confidential → has to be stored encrypted



#### **Access Control**

Make sure parties can only perform actions that they are entitled to



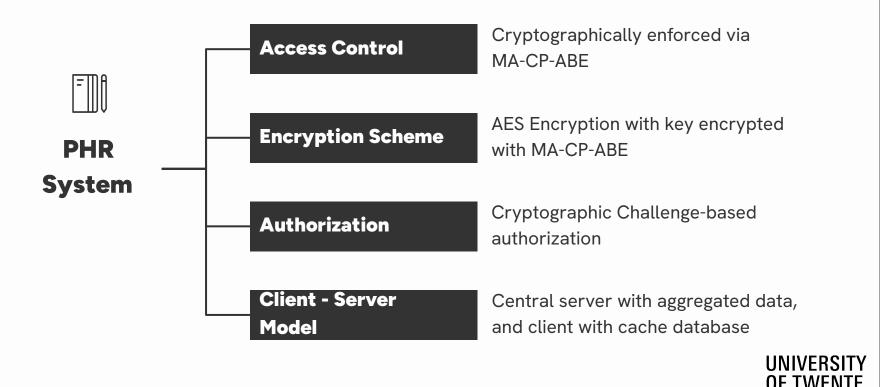
### **Authorization**

Authorize users before performing actions

JNIVERSITY DF TWENTE.

## **Solution Overview**

### **Solution Overview**



03

# Software Architecture

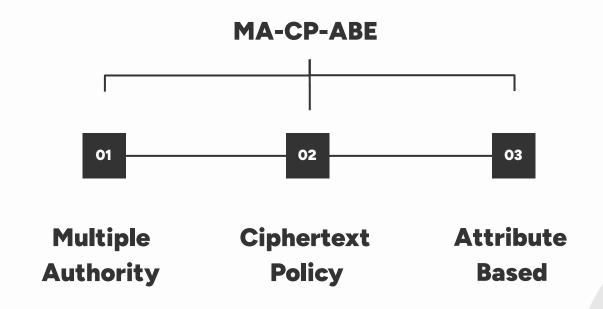
## System Architecture -

**Client - Server Model** 

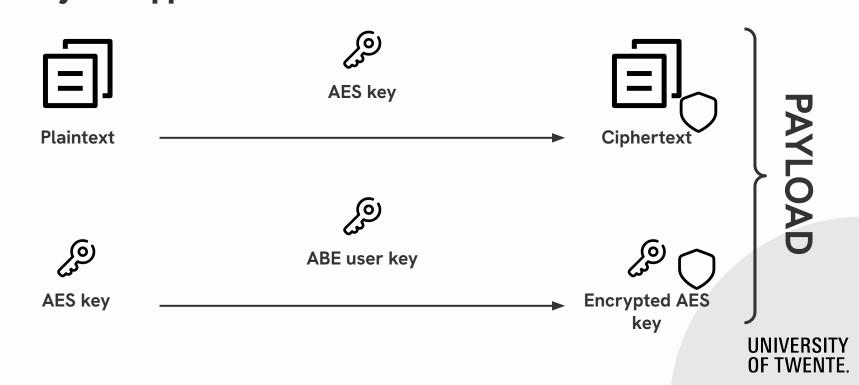


Client Server

# System Architecture Access Control

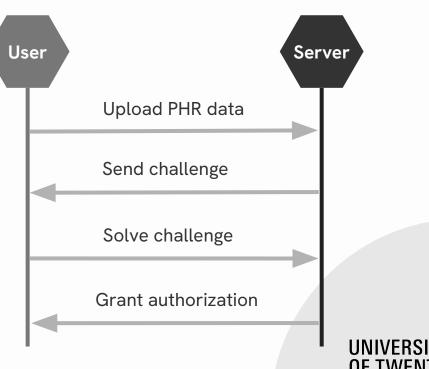


# System Architecture - A Hybrid Approach



# System architecture - Authorization

- MA-CP-ABE does not distinguish R/W type of access
- Challenge-Response protocol



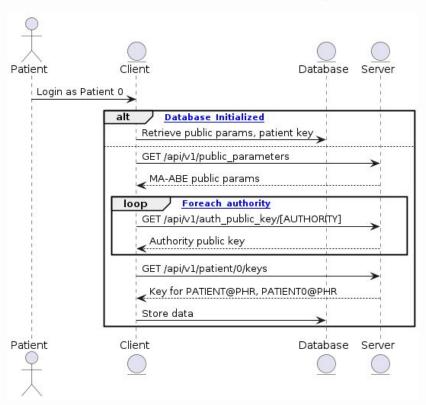
04

# Implementation

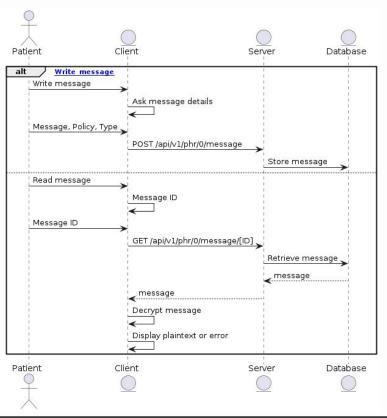
# Implementation - Client and Server model

- Server implemented using Django
- Server provides REST API endpoints
- SQLite DB on both sides

## **Implementation - Initial Setup**



## **Implementation - Patient Communication**



# Implementation Access Control

- Charm framework
- [abenc\_maabe\_rw15] module

Attribute structure ATTRIBUTE@AUTHORITY

Policy structure
PATIENT@PHR OR
DOCTOR@HOSTPITAL

# Implementation - Encryption scheme

- Messages, keys stored in DB
- MA-CP-ABE extended with AES



# Implementation Authorization



### Generation

- Server
- Generate challenge
- 2. Encrypt with policy
- 3. Store correct result
- 4. Send to User

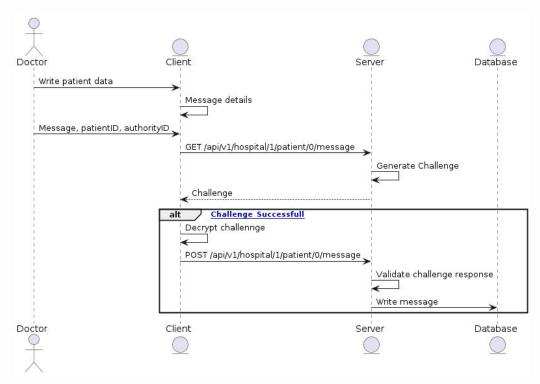
### Solving

- User
- Receive challenge
- 2. Encrypt with policy
- 3. Return to Server

### Verification

- Server
- 1. Receive response
- 2. Check response with saved solution
- 3. Grant or deny access

## Implementation - Authorization



# Implementation Data models

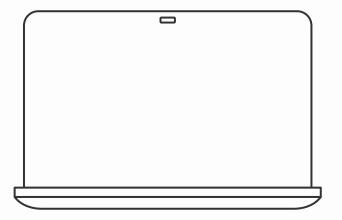
- Authority models
- Key models: for Authority public & secret keys
- Authority representative models: reps. on behalf of Authorities
- Patient models
- **Encryption** models: MA-ABE public params. & encrypted AES keys
- Message models: health or training related data
- PatientRep: relationship between patients and reps.



05

# Project demo

## **Demonstration**



## Limitations

# **Current Limitations -**Overview

- Possible MitM attack against challenges
- Unique AES keys per message
- Client-side ABE key stored in plaintext
- No key revocation
- Rudimentary UI

## Q&A