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Written Information Security Program (WISP)

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A Standard Document model Written Information Security Program (WISP) addressing the requirements of Massachusetts's Data Security Regulation, the Gramm-Leach-Bliley Act (GLBA) Safeguards Rule, updates to the Children's Online Privacy Protection Act (COPPA) implementing rules announced on January 16, 2025, and other state and federal laws and best practices. This Standard Document also includes integrated notes with important explanations and drafting tips.

DRAFTING NOTE: READ THIS BEFORE USING DOCUMENT

A written information security program (WISP) documents the measures that an organization takes to protect the security, confidentiality, integrity, availability, and accessibility of the personal information and, if relevant, the sensitive personal and other highly confidential information it collects, creates, uses, and maintains.

This model WISP:

- Addresses the requirements of:
  - Massachusetts's Data Security Regulation (201 Code Mass. Regs. 17.01 to 17.05);
  - similar state general personal data security laws, such as those of Oregon and Rhode Island that explicitly require a WISP (Or. Rev. Stat. § 646A.622; R.I. Gen. Laws § 11-49.3-2);
  - the Gramm-Leach-Bliley Act (GLBA) Safeguards Rule (16 C.F.R. §§ 314.1 to 314.6);
  - updates to the Children's Online Privacy Protection Act of 1998 (COPPA) implementing rules announced on January 16, 2025; and
  - state insurance data security laws based on the National Association of Insurance Commissioners (NAIC) Model Insurance Data Security Law (MDL-668) (for more, see Practice Note, NAIC Model Data Security Law and State-Specific Implementations and Quick Compare Chart, State Insurance Data Security Laws).
- Supports an organization's reasonable information security measures that an increasing number of state data security and state consumer data privacy laws require, including the specific data inventory and recordkeeping controls under the Minnesota Consumer Data Privacy Act (HF 4757) (see Quick Compare Chart, State Data Security Laws and State Data Privacy Laws Toolkit).
- Provides general guidance suitable for developing a WISP that other state and federal laws and best practices may require.

Business Considerations

This Standard Document is a helpful starting point for drafting any WISP, but no model WISP is appropriate for all organizations. In developing a WISP, an organization should consider:

- The size, scope, and type of its business or other activities.
- Its information collection and use practices, including the amount and types of personal, sensitive personal, or other highly confidential information it maintains.

- The need to secure customer and employee personal information, as well as other highly confidential information.
- Specific applicable legal requirements, which may depend on, among other things:
  - the nature and industry of the business or organization;
  - the type of information collected and maintained; and
  - the organization's geographic footprint, including the states where its customers and employees reside.
- The resources available to implement and maintain an information security program, including supporting program documents and recordkeeping processes.
- Relevant safeguards and how to best describe them according to:
  - its particular facts and circumstances, including its cyber risk profile; and
  - applicable laws and regulations.

Even when not explicitly required by law, a well-developed and maintained WISP may provide benefits, including:

- Prompting the organization to proactively assess risk and implement measures to protect personal, sensitive personal, or other highly confidential information.
- Educating employees and other stakeholders about the actions they need to take to protect personal, sensitive personal, or other highly confidential information.
- Helping to communicate data security expectations and practices to leadership, customers, and other interested parties, such as regulators.
- Establishing that the organization takes reasonable steps to protect personal, sensitive personal, or other highly confidential information, especially if a security incident occurs that risks litigation or enforcement action.

Legal Considerations

This model WISP is helpful in complying with the information security program requirements found in:

- Massachusetts's Data Security Regulation (201 Code Mass. Regs. 17.01 to 17.05) (see Massachusetts Data Security Regulation).
- The GLBA Safeguards Rule (16 C.F.R. §§ 314.1 to 314.6) (see Gramm-Leach-Bliley Act Safeguards Rule).
- Updates to the Children's Online Privacy Protection Act of 1998 (COPPA) implementing rules announced on January 16, 2025 (see COPPA Rules).
- Other state laws and best practices with data security requirements, including explicit WISP requirements in states like Oregon and Rhode Island (Or. Rev. Stat. § 646A.622; R.I. Gen. Laws § 11-49.3-2), the reasonable measures obligations in many states' general data security laws and consumer data privacy laws, and the Minnesota Consumer Data Privacy Act's (HF 4757) specific data inventory and recordkeeping controls. For more examples, see Drafting Note, Best Practices and Resources and Practice Notes:
  - State Data Security Laws: Overview;
  - NAIC Model Data Security Law and State-Specific Implementations; and
  - The NYDFS Cybersecurity Regulations.

  For more information on state-specific requirements, see Quick Compare Chart, State Data Security Laws.

Massachusetts Data Security Regulation

The Massachusetts Data Security Regulation (201 Code Mass. Regs. 17.01 to 17.05) provides detailed WISP requirements and applies to private sector organizations that collect Massachusetts residents' personal information, regardless of the organization's location. This Standard Document

follows the Massachusetts Data Security Regulation's requirements and should be used with Practice Note, Written Information Security Programs: Compliance with the Massachusetts Data Security Regulation.

Gramm-Leach-Bliley Act Safeguards Rule

The GLBA applies to financial institutions that collect consumers' nonpublic personal information (NPI) and certain related entities. The Federal Trade Commission**'s** (FTC) GLBA Safeguards Rule requires covered entities to:

- Develop, implement, and maintain a WISP that includes appropriate administrative, technical, and physical safeguards to protect consumer information.
- Contractually obligate their service providers who handle NPI to implement and maintain similar safeguards, and periodically assess service providers' compliance.

The Safeguards Rule lays out WISP requirements differently than the Massachusetts Data Security Regulation. However, this Standard Document is also suitable for developing a WISP that complies with the FTC's Safeguards Rule by using the alternative language shown and explained in relevant sections, or combining the text options, if needed. For more details on the GLBA and the Safeguards Rule, including the FTC's and other federal regulators' roles and its specific applicability and requirements, see Practice Note, GLBA: The Financial Privacy and Safeguards Rules: The Safeguards Rule.

COPPA Rules

An operator of a commercial website or online service must comply with COPPA and the FTC's implementing rules if it collects or maintains personal information from or about its users and meets any of the following criteria:

- The website or service is directed to children under 13.
- The operator has actual knowledge that it is collecting or maintaining information from children under 13.
- The operator has actual knowledge that it collects personal information directly from users of another party's website or online service that is directed to children under 13.

(15 U.S.C. § 6502(a); 16 C.F.R. § 312.2.) The COPPA rules have long required covered operators to:

- Support reasonable data security measures to protect the confidentiality, security, and integrity of the children's personal information they collect.
- Take reasonable steps to only release children's personal information to service providers or other third parties that:
  - can maintain its confidentiality, security, and integrity; and
  - provide the operator with assurances that they do so.

The FTC announced updates to the COPPA rules on January 16, 2025, further requiring covered operators to:

- At minimum, develop, implement, and maintain a specified WISP containing safeguards that are appropriate to:
  - the sensitivity of the children's personal information they collect;
  - the operator's size and complexity;
  - and the nature and scope of their activities.
- Before allowing other operators, service providers, or other third parties to collect children's personal information on their behalf or releasing it to them:
  - take reasonable steps to ensure the other entity can maintain its confidentiality, security, and integrity; and
  - obtain **written** assurances from them that they will do so.

(FTC Press Release: FTC Finalizes Changes to Children's Privacy Rule Limiting Companies' Ability to Monetize Kids' Data (Jan. 16, 2025).)

Covered operators must comply with the updated COPPA rules one year after their publication in the Federal Register. The updated COPPA rules lay out high level requirements that covered

operators can meet by using the standard text or alternative language shown and explained in relevant sections of this Standard Document, or combining the text options, if needed. For more information on COPPA and the COPPA rules, see Practice Note, Children's Online Privacy: COPPA Compliance.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) applies to certain health care entities and their service providers (business associates). The HIPAA Security Rule requires HIPAA covered entities and their business associates to:

- Implement and maintain specified administrative, technical, and physical safeguards.
- Implement reasonable and appropriate written policies and procedures.
- Maintain a written record of required activities, such as risk assessments.

(45 C.F.R. §§ 164.302 to 164.318 and see, Practice Note, HIPAA Security Rule: Overview and Administrative Safeguards: Safeguards and Related Organizational and Document Requirements.)

Covered entities and their business associates should:

- Ensure that their information security policies and procedures are HIPAA-compliant.
- Recognize that a WISP may provide them with a convenient way to organize and describe their information security program.
- Develop and maintain a WISP if required by other applicable laws, such as the Massachusetts Data Security Regulation and other state requirements.

Best Practices and Resources

Several state and federal agencies have issued guidance documents to assist large and small businesses and other organizations in performing risk assessments and developing, implementing, and maintaining their information security programs, including:

- The FTC's:
  - Protecting Personal Information: A Guide for Business, which provides a five-principle approach to building an information security plan; and
  - Start with Security: A Guide for Business, which offers ten lessons learned from its data security enforcement actions, with practical guidance on how to reduce risks for all businesses.

  For more information on the FTC's evolving reasonableness standard for data security, see FTC Data Security Actions Tracker.
- The National Institute of Standards and Technology's (NIST) Cybersecurity Framework, which organizes various globally recognized industry standards and best practices into a set of functions and desired outcomes that any organization can adapt and use to identify risks and build an information security program (see Practice Note, The NIST Cybersecurity Framework).

These resources' recommendations are comparable to the Massachusetts Data Security Regulation's requirements and other similar state and federal laws, while providing additional technical guidance in an accessible form.

Drafting and Implementation Considerations

An organization's WISP should be consistent with its current data collection and information security practices unless specific program plan documentation is in place to close any gaps. Organizations create potential compliance, enforcement, and litigation risks by putting in place and committing to WISPs they do not follow.

Before developing a WISP, an organization should:

- Gather all relevant information regarding the personal, sensitive personal, or other highly confidential information that it collects,

creates, uses, and maintains, including current information security practices.

- Identify all applicable laws and standards that affect the organization's use of personal, sensitive personal, or other highly confidential information, including any contractual obligations.
- Harmonize the requirements that the relevant laws and standards impose into a comprehensive information security program as shown in this model WISP.
- Define the WISP's scope, including the personal, sensitive personal, or other highly confidential information and legal requirements it intends to address.

(See Drafting Note, Scope and Practice Note, Written Information Security Programs: Compliance with the Massachusetts Data Security Regulation: Preliminary Considerations.)

Related Policies and Other Documents

An organization's WISP outlines the purpose, scope, and core elements of its information security program. However, organizations often define their specific security measures in related documents, including:

- Risk assessment reports and remediation plans (for more information on planning and performing risk assessments, see Practice Note, Data Security Risk Assessments and Reporting and Performing Data Security Risk Assessments Checklist).
- One or more workforce-facing information security policy documents, such as those that establish policies regarding:
  - information classification and handling practices;
  - user access management, including passwords and multifactor authentication means;
  - computer and network security;
  - physical security;
  - incident reporting and response;
  - employee and contractor use of technology, for example, acceptable use and Bring Your Own Device to Work (BYOD) policies; and
  - information systems and data acquisition, collection, development, and maintenance, including technology and data asset inventories.

  (For more on developing information security policies and an example policy, see Practice Note, Developing Information Security Policies and Standard Document, Information Security Policy.)
- Process and procedures documents that detail how to implement and maintain particular safeguards, typically for technical or other support staff to use.

Awareness and Training

Organizations should also consider how to best distribute and build awareness of the WISP and related policies, processes, and procedures. For example, organizations may choose to integrate information security training with existing ethics and compliance programs.

At a minimum, organizations should:

- Specifically train all employees and contractors, especially those who handle personal, sensitive personal, or other highly confidential information as part of their duties, on their WISP and relevant policies and procedures (see Standard Document, Information Security Training: Presentation Materials and Developing Information Security Policies and Delivering Training Checklist).
- Require all employees and contractors to formally acknowledge their receipt and understanding of the documentation and training, using written forms or an online learning system.
- Retain training and acknowledgment records.

Assumptions

This WISP assumes that the organization only collects, creates, uses, and maintains US residents' personal or, if relevant, sensitive

personal information. If the organization handles personal or sensitive personal information in non-US locations or plans to transfer that information to the US, it may be subject to data security or privacy laws in those other jurisdictions. Privacy laws vary significantly, and are often more stringent outside the US, such as the EU's General Data Protection Regulation ((EU) 2016/679) (GDPR) (for more information, see GDPR Resources for US Practitioners Toolkit or see Data protection: Country Q&A Tool to compare laws in the US and selected non-US locations). However, many other jurisdictions' laws and regulations, like the GDPR, call for reasonable data security measures, making this WISP form potentially helpful in those situations, depending on the specific circumstances.

Bracketed Items

Counsel should complete bracketed items in ALL CAPS with the relevant facts. Bracketed items in sentence case are either optional provisions or include alternative language choices that counsel may select, add, or delete at their discretion.

Written Information Security Program (WISP)

The objectives of this comprehensive written information security program ("**WISP**") include defining, documenting, and supporting the implementation and maintenance of the administrative, technical, and physical safeguards [ORGANIZATION] has selected to protect the personal[, sensitive personal, and other highly confidential/ and sensitive personal] information it collects, creates, uses, and maintains. This WISP has been developed in accordance with the requirements of the [Massachusetts Data Security Regulation, 201 Code Mass. Regs. 17.01 to 17.05, [Gramm-Leach-Bliley Act Safeguards Rule, 16 C.F.R. §§ 314.1 to 314.6,] other similar US state laws, and [LIST ADDITIONAL APPLICABLE LAWS AND OBLIGATIONS]/LIST SPECIFICALLY APPLICABLE LAWS AND OBLIGATIONS].

If this WISP conflicts with any legal obligation or other [ORGANIZATION] policy or procedure, the provisions of this WISP shall govern, unless the Information Security Coordinator specifically reviews, approves, and documents an exception (see Section 3).

DRAFTING NOTE: WISP OBJECTIVES: APPLICABLE LAWS AND OBLIGATIONS

In this section, the organization should identify the applicable laws, standards, policies, and contractual obligations that may affect its use of personal, sensitive personal, or other highly confidential information or impose obligations on its information security program (see Drafting Notes, Legal Considerations and Drafting and Implementation Considerations).

1. Purpose. The purpose of this WISP is to:

   (a) Ensure the security, confidentiality, integrity, availability, and accessibility of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information [ORGANIZATION] collects, creates, uses, and maintains.

   (b) Protect against any anticipated threats or hazards to the security, confidentiality, integrity, availability, or accessibility of such information.

   (c) Protect against unauthorized access to or use of [ORGANIZATION]-maintained personal[, sensitive personal, and other highly confidential/ and sensitive personal] information that could result in substantial harm or inconvenience to any customer or employee.

(d) Define an information security program that is appropriate to [ORGANIZATION]'s size, scope, and business activities, its available resources, and the amount of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information that [ORGANIZATION] owns or maintains on behalf of others, while recognizing the need to protect both customer and employee information.

DRAFTING NOTE: PURPOSE

This purpose statement tracks the high-level WISP requirements stated in the Massachusetts Data Security Regulation and other similar state and federal laws, including the GLBA (see Practice Note, Written Information Security Programs: Compliance with the Massachusetts Data Security Regulation: Massachusetts Regulation: General WISP Requirements).

The cybersecurity community traditionally recognizes a C-I-A definition of information security, emphasizing confidentiality, integrity, and availability as core concepts. However, some laws use "security" or "accessibility" synonymously or in addition to the traditionally recognized terms when referring to program principles and purposes. Accordingly, this WISP form uses security, confidentiality, integrity, availability, and accessibility for clarity and completeness and to avoid regulatory compliance issues in relevant jurisdictions.

2. Scope. This WISP applies to [all employees, contractors, officers, and directors of [ORGANIZATION]/[DEFINE SCOPE]]. It applies to any records that contain personal[, sensitive personal, or other highly confidential/ or sensitive personal] information in any format and on any media, whether in electronic or paper form.

(a) For purposes of this WISP, "**personal information**" means [CONSUMER DP LAWS: information that is linked or reasonably linkable to a consumer or a household, or a device that is linked or reasonably linked to one or more consumers in a household/GEN'L STATE LAWS: either a US resident's first and last name or first initial and last name in combination with any one or more of the following data elements, or any of the following data elements standing alone or in combination, if such data elements could be used to commit identity theft against the individual:

(i) Social Security number;

(ii) Driver's license number, other government-issued identification number, including passport number, or tribal identification number;

(iii) Account number, or credit or debit card number, with or without any required security code, access code, personal identification number, or password that would permit access to the individual's financial account [GLBA: , or any personally identifiable financial information or consumer list, description, or other grouping derived from personally identifiable financial information, where personally identifiable financial information includes any information:

(A) A consumer provides [ORGANIZATION] to obtain a financial product or service;

(B) About a consumer resulting from any transaction involving a financial product or service with [ORGANIZATION]; or

(C) Information [ORGANIZATION] otherwise obtains about a consumer in connection with providing a financial product or service].

(iv) [Health information, including information [regarding the individual's medical history or mental or physical condition, or medical treatment or diagnosis by a health care professional/created or received by [ORGANIZATION]]/[HIPAA: , which identifies or for which there is a reasonable basis to believe the

information can be used to identify the individual and which relates to the past, present, or future physical or mental health or condition of the individual, the provision of health care to the individual, or payment for the provision of health care to the individual]];

(v) Health insurance identification number, subscriber identification number, or other unique identifier used by a health insurer;

(vi) Biometric data collected from the individual and used to authenticate the individual during a transaction, such as an image of a fingerprint, retina, or iris; or

(vii) Email address with any required security code, access code, or password that would permit access to an individual's personal, medical, insurance, or financial account.

]

(b) Personal information does not include lawfully obtained information that is available to the general public, including publicly available information from federal, state, or local government records.

[

(c) For purposes of this WISP, "**sensitive personal information**" is a subset of personal information that includes:

(i) Personal information that reveals a consumer's:

(A) Social Security, driver's license, state identification card, or passport number;

(B) account log-in, financial account, debit card, or credit card number combined with any required security or access code, password, or credentials allowing access to an account;

(C) racial or ethnic origin;

(D) citizenship or immigration status;

(E) religious or philosophical beliefs;

(F) crime victim status;

(G) union membership;

(H) mental or physical health;

(I) sex life or sexual orientation;

(J) transgender or non-binary status;

(K) genetic data; or

(L) mail, email, or text message contents, unless [ORGANIZATION] is the intended recipient of the communication.

(ii) Biometric, biologic, or neural information processed to uniquely identify a consumer.

(iii) Precise geolocation data.

(iv) Inferences from non-sensitive personal information that can reveal sensitive personal information.

(v) Personal information of a known child under [13/[AGE]][./COPPA:, specifically, any of the following or information concerning a child or their parents that [ORGANIZATION] collects online from the child and combines with any of the following, including a child's:

(A) First and last name;

(B) Home or other physical address including street name and name of a city or town;

(C) Online contact information, specifically [an email address or any other substantially similar identifier that permits direct contact with them online, including an instant messaging user identifier, a voice over internet protocol (VOIP) identifier, a video chat user identifier, or a mobile telephone number if [ORGANIZATION] uses it only to send text messages to a parent in connection with obtaining parental consent/[ORGANIZATION-SPECIFIC DATA]];

(D) Screen or username where it functions in the same manner as online contact information;

(E) Telephone number;

(F) Government-issued identifier, such as a Social Security, state identification card, birth certificate, or passport number;

(G) Persistent identifier that can be used to recognize them over time and across different websites or online services ([Persistent identifiers include a customer number held in a cookie, an internet protocol (IP) address, a processor or device serial number, or unique device identifier/[ORGANIZATION-SPECIFIC DATA]];

(H) Photograph or video, or an audio file or photograph or video that contains a child's image or voice;

(I) Geolocation information sufficient to identify street name and name of a city or town; or

(J) Biometric identifier that can be used for the automated or semi-automated recognition of them, such as fingerprints, handprints, retina patterns, iris patterns, genetic data, including a DNA sequence, voiceprints, gait patterns, facial templates, or faceprints.

]

[

(d) For purposes of this WISP, "**other highly confidential information**" means data that:

(i) [ORGANIZATION] considers to be highly confidential information; or

(ii) If accessed by or disclosed to unauthorized parties, could cause significant or material harm to [ORGANIZATION], its customers, or its business partners. [See [ORGANIZATION]'s information classification policy, available at [REFERENCE TO POLICY].]

]

DRAFTING NOTE: SCOPE

The organization should determine whether the WISP applies enterprise-wide or only to selected business units or activities and adjust the scope statement as needed (see Practice Note, Written Information Security Programs: Compliance with the Massachusetts Data Security Regulation: Scope of the WISP).

Organizations should:

- Choose their preferred terms and WISP-listed details according to their activities, applicable laws and regulations, and stakeholder expectations.
- Consider whether they need to call out sensitive personal information and other non-personal forms of highly confidential information when describing their risk assessments, safeguards, and other WISP-listed program elements.
- Define and use their selected terms consistently across their information security, data privacy or data protection, and other risk management and compliance programs. Organizations that maintain enterprise-wide definitions in another policy document should refer to that document in their WISP and avoid redefining terms.

Personal and Sensitive Personal Information

The definition of personal information provided supports two potential approaches:

- Following generally applicable state laws and regulations, like the Massachusetts Data Security Regulation and similar state laws, such as those of Oregon and Rhode Island (Or. Rev. Stat. § 646A.622; R.I. Gen. Laws § 11-49.3-3(a)(10)). These laws currently apply to most organizations that handle personal information. This text also includes variations for GLBA and HIPAA obligations.
- Using a broad definition that harmonizes more recent state consumer data privacy laws. These laws protect any information that is linked or reasonably linkable to an individual, household, or device, with state-specific variations regarding households and devices. However, while the scope varies by state, these laws typically only apply to organizations that handle larger volumes of individuals' information, with exceptions for some regulated entities and data types that also vary.

Some states use the term "personal data" in place of "personal information," especially in more recent consumer data privacy laws. Organizations should select terms that resonate best in their environments.

State consumer data privacy laws also typically define a subset of personal information or personal data as "sensitive," imposing additional data use, consent, and other data privacy obligations. State laws often classify children's personal information as sensitive, so the text combines that treatment with the COPPA-related details. State laws that protect personal information generally do not prescribe additional security controls for sensitive information. However, the type and sensitivity of personal information handled likely affects an organization's risk assessment and reasonable security measures determinations, so highlighting it, if relevant, may be helpful.

While there are similarities, states often define personal and sensitive personal information differently. For state-by-state resources, see State Data Privacy Laws Toolkit.

Generally, the WISP should define personal and, if relevant, sensitive personal information considering:

- The data the organization collects, creates, uses, or maintains.
- The organization's near-term business plans, such as the states where its customers or employees may reside.
- Applicable laws that the organization references in its privacy policy or other public statements (see Drafting Note, Legal Considerations).
- What the organization otherwise considers personal or, if relevant, sensitive personal information, including any information that it must protect by contract with third parties.

If applicable:

- Section 2(c)(v) should include the additional text to meet COPPA's definition of children's personal information (16 C.F.R. § 312.2).
- Section 2(a)(iii) should include the additional text to meet GLBA's definition of nonpublic personal information (for more on GLBA requirements, see Practice Note, GLBA: The Financial Privacy and Safeguards Rules).
- Section 2(a)(iv) should use the optional text regarding HIPAA to meet HIPAA's requirements (45 C.F.R. § 160.103).

Other Highly Confidential Information

If the organization intends for the WISP to cover other data that it considers to be highly confidential, in addition to personal and, if relevant, sensitive personal information, then counsel should include the optional text in this section and throughout the WISP. For example, an organization may wish to apply the same

WISP to highly confidential information regarding its products, business plans, or certain operations (or third-party contracts may require it to do so).

Highly confidential information:

- Typically includes data that if accessed by or disclosed to unauthorized parties could cause **significant or material harm** to the organization, its customers, or its business partners.
- Includes, but is not limited to, personal or sensitive personal information.
- Contrasts with an organization's less sensitive, but still non-public internal use only or confidential information.

If the organization has an information classification policy, for example, as part of its information security policies and procedures (see Section 5), the WISP should include a reference as shown in the optional text.

3. Information Security Coordinator. [ORGANIZATION] has designated [TITLE] to implement, coordinate, and maintain this WISP (the "**Information Security Coordinator**"). The Information Security Coordinator shall be responsible for:

(a) Initial implementation of this WISP, including:

(i) Assessing internal and external risks to personal[, sensitive personal, and other highly confidential/ and sensitive personal] information and maintaining related documentation, including risk assessment reports and remediation plans (see Section 4);

(ii) Coordinating the development, distribution, and maintenance of information security policies and procedures (see Section 5);

(iii) Coordinating the design of reasonable and appropriate administrative, technical, and physical safeguards to protect personal[, sensitive personal, and other highly confidential/ and sensitive personal] information[, including maintaining an inventory of [ORGANIZATION]'s data and technology assets] (see Section 6);

(iv) Ensuring that the safeguards are implemented and maintained to protect personal[, sensitive personal, and other highly confidential/ and sensitive personal] information throughout [ORGANIZATION], where applicable (see Section 6);

(v) Overseeing service providers that access or maintain personal[, sensitive personal, or other highly confidential/ or sensitive personal] information on behalf of [ORGANIZATION] (see Section 7);

(vi) Monitoring and testing the information security program's implementation and effectiveness on an ongoing basis (see Section 8);

(vii) Defining and managing incident response procedures (see Section 9); and

(viii) Establishing and managing enforcement policies and procedures for this WISP, in collaboration with [ORGANIZATION] human resources and management (see Section 10).

(b) Engaging qualified information security personnel, including:

(i) Providing them with security updates and training sufficient to address relevant risks; and

(ii) Verifying that they take steps to maintain current information security knowledge.

(c) Employee, contractor, and (as applicable) stakeholder training, including:

(i) Providing periodic training regarding this WISP, [ORGANIZATION]'s safeguards, and relevant information security policies and procedures for all employees, contractors, and (as applicable)

stakeholders who have or may have access to personal[, sensitive personal, or other highly confidential/ or sensitive personal] information, updated as necessary or indicated by [ORGANIZATION]'s risk assessment activities (see Section 4);

(ii) Ensuring that training attendees formally acknowledge their receipt and understanding of the training and related documentation, through [written acknowledgement forms/[DESCRIBE ANY ONLINE ACKNOWLEDGMENT PROCESS]]; and

(iii) Retaining training and acknowledgment records.

(d) Reviewing this WISP and the security measures defined here at least annually, when indicated by [ORGANIZATION]'s risk assessment (see Section 4) or program monitoring and testing activities (see Section 8), or whenever there is a material change in [ORGANIZATION]'s business practices that may reasonably implicate the security, confidentiality, integrity, availability, or accessibility of records containing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information (see Section 11).

(e) Defining and managing an exceptions process to review, approve or deny, document, monitor, and periodically reassess any necessary and appropriate, business-driven requests for deviations from this WISP or [ORGANIZATION]'s information security policies and procedures.

(f) Periodically and timely[, but at least annually,] reporting to [ORGANIZATION]'s [management/Board of Directors] [in writing] regarding the status of the information security program and [ORGANIZATION]'s safeguards to protect personal[, sensitive personal, and other highly confidential/ and sensitive personal] information[, including the program's overall status, compliance with applicable laws and regulations, material matters related to the program, such as risk assessment, risk management and control decisions, service provider arrangements, testing results, cyber incidents or policy violations and management's responses, and recommendations for program changes].

DRAFTING NOTE: INFORMATION SECURITY COORDINATOR

Considerations for designating an information security coordinator depend on the organization's specific circumstances and may include:

- The organization's size, industry, and regulators.
- The types of personal, sensitive personal, or other highly confidential information the organization owns or maintains on behalf of others.
- The employees responsible for the organization's compliance with security requirements, including compliance with its internal policies and procedures, contracts, and relevant laws and industry standards.
- Leadership support and sponsorship to ensure the information security coordinator has sufficient authority to implement and enforce the WISP.

The organization should also consider the appropriate business units to involve in program oversight, which may include:

- Legal.
- Information technology (IT) or other technical operations teams.
- Privacy or a broader ethics and compliance group.

The specific title used for the information security coordinator role may also vary according to the organization's size, industry, and other characteristics. Counsel should draft the WISP to refer to the coordinator by current title, and not individual name, to minimize maintenance requirements and any potential confusion if personnel change. Management can record its designating a particular individual in a separate document.

The WISP should list and delegate the information security coordinator's core responsibilities, according to the organization's characteristics and applicable laws and regulations.

For example:

- The optional, but recommended text regarding data and technology asset inventories in Section 3(a)(iii) supports:
  - the Minnesota Consumer Data Privacy Act's specific data inventory requirements (HF 4757, Section 8, Subd. 2(c)); and
  - general expectations underlying any reasonable measures standard because organizations likely cannot demonstrate that they reasonably secure data and technology assets that they do not track in some manner.
- The optional language in Section 3(f) addresses specific reporting requirements under the FTC's GLBA Safeguards Rule, although some state laws and regulations, like the New York Department of Financial Services (NYDFS) Cybersecurity Regulations, may impose similar requirements (for more, see Practice Notes, GLBA: The Financial Privacy and Safeguards Rules and The NYDFS Cybersecurity Regulations).

Some organizations may choose to engage a service provider or affiliate to develop, implement, and maintain their WISP and manage their information security program. However, the organization still retains responsibility for complying with applicable laws and regulations. This Standard Document is generally designed for organizations that maintain their own WISPs, but counsel can adapt it according to the organization's specific circumstances and legal obligations.

4. Risk Assessment. As a part of developing and implementing this WISP, [ORGANIZATION] will conduct and base its information security program on a periodic, documented risk assessment[, at least annually, or whenever there is a material change in [ORGANIZATION]'s business practices that may implicate the security, confidentiality, integrity, availability, or accessibility of records containing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information].

(a) The risk assessment shall:

(i) Identify reasonably foreseeable internal and external risks to the security, confidentiality, integrity, availability, or accessibility of any electronic, paper, or other records containing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information and include criteria for evaluating and categorizing those identified risks;

(ii) Define assessment criteria and assess the likelihood and potential damage that could result from such risks, including the unauthorized disclosure, misuse, alteration, destruction, or other compromise of the personal[, sensitive personal, or other highly confidential/ or sensitive personal] information, taking into consideration the sensitivity of the personal[, sensitive personal, or other highly confidential/ or sensitive personal] information; and

(iii) Evaluate the sufficiency of relevant policies, procedures, systems, and safeguards in place to control such risks, in areas that include, but may not be limited to:

(A) Employee, contractor, and (as applicable) stakeholder training and management;

(B) Employee, contractor, and (as applicable) stakeholder compliance with this WISP and related policies and procedures;

(C) Information systems, including network, computer, and software acquisition, design, implementation, operations, and maintenance, as well as data processing, storage, transmission, retention, and disposal; and

(D) [ORGANIZATION]'s ability to prevent, detect, and respond to attacks, intrusions, and other security incidents or system failures.

(b) Following each risk assessment, [ORGANIZATION] will:

(i) Design, implement, and maintain reasonable and appropriate safeguards to minimize identified risks;

(ii) Reasonably and appropriately address any identified gaps, including documenting [ORGANIZATION]'s plan to remediate, mitigate, accept, or transfer identified risks, as appropriate; and

(iii) Regularly monitor the effectiveness of [ORGANIZATION]'s safeguards, as specified in this WISP (see Section 8).

DRAFTING NOTE: RISK ASSESSMENT

Risk assessment is a critical element of any information security program. Information security risks are best understood using this simple equation: **risk = threat + vulnerability**.

Threats may include external bad actors or internal (employee or contractor) lapses, whether inadvertent or intentional. Vulnerabilities cover a wide range of issues related to process, people, and technology, such as:

- Untrained or inattentive individuals.
- Improperly secured facilities.
- Poor implementation, configuration, or maintenance practices.
- Flaws in network and computer assets, including hardware, software, and application issues.

For guidance on risk assessments, see Drafting Note, Best Practices and Resources and Practice Notes, Written Information Security Programs: Compliance with the Massachusetts Data Security Regulation: Identifying and Minimizing Reasonably Foreseeable Internal and External Risks and Data Security Risk Assessments and Reporting.

Risks change over time as:

- Novel threats emerge.
- Vulnerabilities are identified and become widely known.
- The organization evolves, especially when it:
  - makes changes in data collection and handling practices;
  - introduces new or materially changed products and services;
  - alters its business processes and practices; or
  - deploys new, or updates existing, network and computer environments.

Organizations should develop processes to assess risks on an ongoing basis and periodically update their formal risk assessment. These updates should occur at least annually or whenever there is a material change in applicable business practices.

5. Information Security Policies and Procedures. As part of this WISP, [ORGANIZATION] will develop, maintain, and distribute information security policies and procedures in accordance with applicable laws and standards to relevant employees, contractors, and (as applicable) other stakeholders to:

(a) Establish policies regarding:

(i) Information classification;

(ii) Information handling practices for personal[, sensitive personal, and other highly confidential/ and sensitive personal] information, including the storage, access, disposal, and external transfer or transportation of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information;

(iii) User access management, including identification and authentication (using passwords or other appropriate[, including multifactor,] means);

(iv) Encryption;

(v) Computer and network security;

(vi) Physical security;

(vii) Incident reporting and response;

(viii) Employee and contractor use of technology, including Acceptable Use and Bring Your Own Device to Work (BYOD); and

(ix) Information systems acquisition, development, operations, and maintenance[, including maintaining an inventory of [ORGANIZATION]'s data and technology assets].

(b) Detail the implementation and maintenance of [ORGANIZATION]'s administrative, technical, and physical safeguards (see Section 6).

(c) Demonstrate [ORGANIZATION]'s accountability and compliance with applicable laws and regulations, including by documenting and describing its policies and procedures.

DRAFTING NOTE: INFORMATION SECURITY POLICIES AND PROCEDURES

Information security policies:

- Serve as a foundational administrative safeguard by providing clear guidance and limits for employees, contractors, and other stakeholders.
- Explain how the organization classifies various forms of data, which in turn defines the level and nature of required safeguards.
- Should be written for and accessible to all employees, contractors, and other stakeholders.
- Should be periodically reviewed and updated as risks and the organization change.

Information security procedures:

- Document how the organization implements and maintains its selected safeguards.
- Often include technical details intended primarily for IT or other support staff.

For more on developing and delivering information security policies, and a model policy, see Practice Note, Developing Information Security Policies, Developing Information Security Policies and Delivering Training Checklist, and Standard Document, Information Security Policy.

Organizations should also:

- Consider including the optional, but recommended text regarding data and technology asset inventories in Section 5(a)(ix) to support:
  - the Minnesota Consumer Data Privacy Act's specific data inventory requirements (HF 4757, Section 8, Subd. 2(c)); and
  - general expectations underlying any reasonable measures standard because organizations likely cannot demonstrate that they reasonably secure data and technology assets that they do not track in some manner.
- Commit to maintaining a description of their policies and procedures as shown in Section 5(c) to demonstrate their accountability and compliance with:
  - laws or regulations that include explicit program documentation obligations like the Minnesota Consumer Data Privacy Act (HF 4757, Section 10); and
  - general accountability expectations underlying any reasonable measures standard as commonly used in many laws and regulations.

6. Safeguards. [ORGANIZATION] will develop, implement, and maintain reasonable administrative, technical, and physical safeguards in accordance with applicable laws and standards to protect the security, confidentiality, integrity, availability, and accessibility of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information that [ORGANIZATION] owns or maintains on behalf of others.

(a) Safeguards shall be appropriate to [ORGANIZATION]'s size, scope, and business activities, its available resources, [and/,] the amount of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information that [ORGANIZATION] owns or maintains on behalf of others,[/COPPA: and the likelihood that identified risks could result in its unauthorized disclosure or other compromise,] while recognizing the need to protect both customer and employee information.

(b) [ORGANIZATION] shall document its administrative, technical, and physical safeguards in [ORGANIZATION]'s information security policies and procedures (see Section 5).

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(c) [ORGANIZATION]'s administrative safeguards shall include, at a minimum:

(i) Designating one or more employees to coordinate the information security program (see Section 3);

(ii) Identifying reasonably foreseeable internal and external risks, and assessing whether existing safeguards adequately control the identified risks (see Section 4);

(iii) Training employees in security program practices and procedures, with management oversight (see Section 3);

(iv) Selecting service providers that are capable of maintaining appropriate safeguards, and requiring service providers to maintain safeguards by contract (see Section 7); and

(v) Adjusting the information security program in light of business changes or new circumstances (see Section 11).

(d) [ORGANIZATION]'s technical safeguards shall include maintenance of a security system covering its network (including wireless capabilities) and computers that, at a minimum, and to the extent technically feasible, supports:

(i) Secure user authentication protocols, including:

(A) Controlling user identification and authentication with a reasonably secure method of assigning and selecting passwords (ensuring that passwords are kept in a location or format that does not compromise security) or by using other technologies, such as biometrics or token devices;

(B) Restricting access to active users and active user accounts only and preventing terminated employees or contractors from accessing systems or records; and

(C) Blocking a particular user identifier's access after multiple unsuccessful attempts to gain access or placing limitations on access for the particular system.

(ii) Secure access control measures, including:

(A) Restricting access to records and files containing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information to those with a need to know to perform their duties; and

(B) Assigning to each individual with computer or network access unique identifiers and passwords (or other authentication means, but not vendor-supplied default passwords) that are reasonably designed to maintain security.

(iii) Encryption of all personal[, sensitive personal, and other highly confidential/ and sensitive personal] information traveling wirelessly or across public networks;

(iv) Encryption of all personal[, sensitive personal, and other highly confidential/ and sensitive personal] information stored on laptops or other portable or mobile devices [, and to the extent technically feasible, personal[, sensitive personal, and other highly confidential/ and sensitive personal] information stored on any other device or media (data-at-rest)];

(v) Reasonable system monitoring for preventing, detecting, and responding to unauthorized use of or access to personal[, sensitive personal, or other highly confidential/ or sensitive personal] information or other attacks or system failures;

(vi) Reasonably current firewall protection and software patches for systems that contain (or may provide access to systems that contain) personal[, sensitive personal, or other highly confidential/ or sensitive personal] information; and

(vii) Reasonably current system security software (or a version that can still be supported with reasonably current patches and malicious software ("malware") definitions) that (1) includes malware protection with reasonably current patches and malware definitions, and (2) is configured to receive updates on a regular basis.

(e) [ORGANIZATION]'s physical safeguards shall, at a minimum, provide for:

(i) Defining and implementing reasonable physical security measures to protect areas where personal[, sensitive personal, or other highly confidential/ or sensitive personal] information may be accessed, including reasonably restricting physical access and storing records containing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information in locked facilities, areas, or containers;

(ii) Preventing, detecting, and responding to intrusions or unauthorized access to personal[, sensitive personal, or other highly confidential/ or sensitive personal] information, including during or after data collection, transportation, or disposal; and

(iii) Secure disposal or destruction of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information, whether in paper or electronic form, when it is no longer to be retained in accordance with applicable laws or accepted standards.

/ GLBA:

(c) [ORGANIZATION]'s safeguards shall, at a minimum, include:

(i) Implementing and periodically reviewing technical and, as appropriate, physical access controls to:

(A) Authenticate and permit access to personal[, sensitive personal, or other highly confidential/ or sensitive personal] information only to authorized users; and

(B) Limit authorized users' access only to personal[, sensitive personal, or other highly confidential/ or sensitive personal] information that they need to perform their duties and functions, or in the case of customers, to access their own personal information;

(ii) Identifying and managing the data, personnel, devices, systems, and facilities that enable [ORGANIZATION] to achieve its business purposes according to its priorities, objectives, and [ORGANIZATION]'s risk management strategy;

(iii) Encrypting personal[, sensitive personal, and other highly confidential/ and sensitive personal] information that [ORGANIZATION] holds when it is at rest or in transit over external networks, unless [ORGANIZATION] determines that applying encryption is currently infeasible for its circumstances and the information security coordinator reviews and approves effective compensating controls under [ORGANIZATION]'s exceptions process (see Section 3(e));

(iv) Adopting secure development practices for the in-house developed applications and procedures for evaluating, assessing, or testing the security of externally developed applications that in either

case [ORGANIZATION] uses to transmit, access, or store personal[, sensitive personal, or other highly confidential/ or sensitive personal] information;

(v) Implementing multifactor authentication for individuals accessing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information or systems that handle personal[, sensitive personal, or other highly confidential/ or sensitive personal] information unless the information security coordinator reviews and approves the use of reasonably equivalent or more secure controls under [ORGANIZATION]'s exceptions process (see Section 3(e));

(vi) Developing, implementing, and maintaining procedures for securely disposing of personal[, sensitive personal, and other highly confidential/ and sensitive personal] information in any format, including:

(A) Disposing of customers' personal [or sensitive personal] information no later than two years after the last date [ORGANIZATION] uses it for provisioning a product or service to the relevant customer unless it is necessary for business operations or other legitimate business purposes, retention is otherwise required by law, or targeted disposal is not reasonably feasible due to the way [ORGANIZATION] maintains it; and

(B) Periodically reviewing data retention policies to minimize the unnecessary retention of personal[, sensitive personal, or other highly confidential/ or sensitive personal] information.

(vii) Adopting change management procedures;

(viii) Implementing policies, procedures, and controls to monitor and log authorized users' activities and detect unauthorized access to, use of, or tampering with personal[, sensitive personal, or other highly confidential/ or sensitive personal] information by them.

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DRAFTING NOTE: SAFEGUARDS

The first set of safeguards detailed here tracks the Massachusetts Data Security Regulation and other similar state laws, including Oregon's statute. The second set tracks those listed in the FTC's GLBA Safeguards Rule (for more information, see Practice Note, GLBA: The Financial Privacy and Safeguards Rules). Organizations that are subject to HIPAA should update the administrative, technical, and physical safeguards accordingly (see Practice Notes, HIPAA Security Rule: Overview and Administrative Safeguards and HIPAA Security Rule: Physical Safeguards, Technical Safeguards, and Other Issues). The updated COPPA rules do not specify particular safeguards.

Organizations that are subject to multiple laws and regulations should select appropriate safeguards and harmonize them into a comprehensive list for their specific circumstances and overall clarity (see Drafting Note, Legal Considerations).

Organizations should not only examine applicable laws but also determine the feasibility of implementing and maintaining safeguards in their environments. According to guidance from the Massachusetts Office of Consumer Affairs and Business Regulation, "technically feasible" means that if there is a reasonable means through technology to accomplish a required result, the organization must use such reasonable means.

Legal requirements generally call for encrypting personal information when storing it on mobile devices or transmitting it wirelessly or over public networks. However, to better manage risk, organizations may choose to expand their encryption programs to include any stored personal information (data-at-rest) to the extent feasible, as shown in the optional text for the first set of safeguards and as required under and shown in the second set regarding the GLBA Safeguards Rule. For example, many federal and state data breach notification laws

provide safe harbor from notice requirements when organizations encrypt personal information and a cyber incident does not compromise the encryption keys or other similar controls.

Organizations that implement additional safeguards and related processes, such as those addressing bug bounty and vulnerability disclosure, should consider:

- Describing those program elements in their WISPs to provide a comprehensive view of their information security capabilities and practices.
- Referencing their more detailed process and technical documents, as applicable.

For more on these programs, see Practice Note, Bug Bounty and Vulnerability Disclosure Programs and Building a Bug Bounty and Vulnerability Disclosure Program Checklist.

To minimize potential compliance risk and liability, organizations should meet the safeguards commitments they make in their WISPs or have a reasonable, documented remediation plan in place to close any gaps.

7. Service Provider Oversight. [ORGANIZATION] will oversee each of its service providers that may have access to or otherwise create, collect, use, or maintain personal[, sensitive personal, or other highly confidential/ or sensitive personal] information on its behalf by:

(a) Evaluating the service provider's ability to implement and maintain appropriate security measures, consistent with this WISP and all applicable laws and [ORGANIZATION]'s obligations.

(b) Requiring the service provider by contract to implement and maintain reasonable security measures, consistent with this WISP and all applicable laws and [ORGANIZATION]'s obligations.

(c) Monitoring and periodically auditing the service provider's performance to verify compliance with this WISP and all applicable laws and [ORGANIZATION]'s obligations.

DRAFTING NOTE: SERVICE PROVIDER OVERSIGHT

Organizations should:

- Conduct data security due diligence on their service providers before engagement and monitor and audit ongoing performance (for an example form, see Standard Document, Vendor Due Diligence: Security and Privacy Questionnaire).
- Identify their applicable existing service providers and, if necessary, amend their contracts to ensure compliance with applicable laws and the WISP.
- Include specific requirements in new service provider agreements involving personal, sensitive personal, or other highly confidential information to address compliance with applicable laws and the WISP.
- Address service provider oversight in employee training.

For more details on developing a service provider oversight program, see Practice Note, Managing Privacy and Data Security Risks in Vendor Relationships.

8. Monitoring. [ORGANIZATION] will regularly test and monitor the implementation and effectiveness of its information security program to ensure that it is operating in a manner reasonably calculated to prevent unauthorized access to or use of personal[, sensitive personal, or other highly confidential/ or sensitive personal] information. [ORGANIZATION] shall reasonably and appropriately address any identified gaps. [GLBA: [ORGANIZATION]'s testing and monitoring program shall address the effectiveness of [ORGANIZATION]'s

safeguards, specifically their key controls, systems, and procedures, including those [ORGANIZATION] uses to detect attempted and actual attacks on or intrusions into its networks and systems that handle personal[, sensitive personal, or other highly confidential/ or sensitive personal] information. [ORGANIZATION] will implement and maintain as appropriate for its networks and systems that handle personal[, sensitive personal, or other highly confidential/ or sensitive personal] information either:

(a) Continuous monitoring or other systems to detect on an ongoing basis changes that may create vulnerabilities; or

(b) A combination of the following according to [ORGANIZATION]'s risk assessment (see Section 4):

(i) Annual penetration testing; and

(ii) Periodic vulnerability assessments, including scans or reviews reasonably designed to identify publicly known security vulnerabilities, conducted at least every six months and whenever there are material changes to [ORGANIZATION]'s operations or business arrangements or circumstances occur that may have a material impact on [ORGANIZATION]'s information security program.

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DRAFTING NOTE: MONITORING

Organizations should include an ongoing commitment to test and monitor the effectiveness of their information security program in their WISP. The GLBA Safeguards Rule includes widely recognized best practices requirements for either continuous monitoring or a combination of annual penetration testing and periodic vulnerability assessments as shown in the optional language (for more on the Safeguards Rule, see Practice Note, GLBA: The Financial Privacy and Safeguards Rules).

9. Incident Response. [ORGANIZATION] will establish and maintain written policies and procedures regarding information security incident response (see Section 5). Such procedures shall include:

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(a) Documenting the response to any security incident or event that involves a breach of security.

(b) Performing a post-incident review of events and actions taken.

(c) Reasonably and appropriately addressing any identified gaps.

/ GLBA:

(a) Defining:

(i) The incident response plan's goals;

(ii) [ORGANIZATION]'s incident response processes;

(iii) Roles, responsibilities, and levels of decision-making authority; and

(iv) Processes for internal and external communications and information sharing.

(b) Identifying remediation requirements to address any identified weaknesses in [ORGANIZATION]'s systems and controls.

(c) Documenting and appropriately reporting information security incidents and [ORGANIZATION]'s response activities.

(d) Performing post-incident reviews and updating the plan as appropriate.

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DRAFTING NOTE: INCIDENT RESPONSE

Organizations should develop and test cyber incident response plans (IRPs) that address how they prepare for and handle cyberattacks, data breaches, and other information security incidents. An organization's IRP should set out each step to take once the organization detects a potential security incident. The IRP should comply with the organization's legal obligations and reflect its operational realities.

The first more broadly worded option for describing the organization's IRP tracks the Massachusetts Data Security Regulation and other similar state laws. The second option tracks the GLBA Safeguards Rule (for more information, see Practice Note, GLBA: The Financial Privacy and Safeguards Rules). The Safeguards Rule reflects widely recognized best practices as addressed in Developing a Cyber Incident Response Plan Checklist and Standard Document, Cyber Incident Response Plan (IRP).

10. Enforcement. Violations of this WISP will result in disciplinary action, in accordance with [ORGANIZATION]'s information security policies and procedures and human resources policies. Please see [REFERENCE TO HR POLICIES] for details regarding [ORGANIZATION]'s disciplinary process.

DRAFTING NOTE: ENFORCEMENT

Organizations must impose disciplinary measures for WISP violations under the Massachusetts Data Security Regulation. Other laws may require similar sanctions. To avoid employee confusion and potential conflicts, rather than creating its own disciplinary process, the WISP should refer to established human resources policies and processes. Information security policies and procedures may further define prohibited actions and compliance processes.

11. Program Review. [ORGANIZATION] will review this WISP and the security measures defined herein at least annually, when indicated by [ORGANIZATION]'s risk assessment (see Section 4) or program monitoring and testing activities (see Section 8), whenever there is a material change in [ORGANIZATION]'s business practices that may reasonably implicate the security, confidentiality, integrity, availability, or accessibility of records containing personal[, sensitive personal, or other highly confidential/ or sensitive personal] information, or under other circumstances that may have a material impact on this WISP or [ORGANIZATION]'s safeguards.

(a) [ORGANIZATION] shall retain documentation regarding any such program review, including any identified gaps and action plans.

DRAFTING NOTE: PROGRAM REVIEW

The Massachusetts Data Security Regulation, other laws and regulations, and best practices require that an organization review its WISP on at least an annual basis or whenever there is a material change in business practices that may implicate the security or integrity of records that contain personal (or other sensitive) information.

12. Effective Date. This WISP is effective as of [DATE].

(a) Revision History: [Original publication/[NOTE SUBSEQUENT REVISIONS]].

DRAFTING NOTE: EFFECTIVE DATE

The WISP should include an effective date and identify any subsequent revisions. The organization should briefly note in the revision history any material updates and their drivers, such as a periodic program review or change in business processes, laws, or identified risks. The organization should retain prior versions of the WISP to demonstrate the program that was in effect at any particular time.