TITLE
CHANGE CONTROL FOR INFORMATION TECHNOLOGY RESOURCES

SCOPE
Provincial

APPROVAL AUTHORITY
Corporate Services Executive Committee

SPONSOR
Information Technology

PARENT DOCUMENT TITLE, TYPE AND NUMBER
Not applicable

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

OBJECTIVES

• To ensure changes to Alberta Health Services’ (AHS) information technology (IT) resources and facilities are applied correctly and do not compromise the security of information and IT resources.

• To ensure that changes to IT resource services delivered by external parties maintain or enhance security controls.

PRINCIPLES

As part of the AHS Information Risk Management Program, AHS is committed to the confidentiality, integrity, and availability of IT resources during the change control process. Changes to IT resources and information processing facilities shall be controlled.

Change control processes for AHS information system services delivered by external parties shall take into account the criticality of the IT resources, processes involved, and assessment of risks.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).
ELEMENTS

1. AHS IT Resources and Facilities

1.1 Information Technology and repository owners shall comply with the requirements of the AHS change control process.

1.2 Information Technology and repository owners shall plan for changes by:
   a) assessing the impact of the proposed change on the confidentiality, integrity, and availability of the information by conducting either a security review or a Security Risk Assessment, depending on the size of the change;
   b) identifying the impact on agreements with business partners and third parties including information sharing agreements, information management agreements, Memoranda of Understanding, licensing, and provision of services;
   c) determining if re-certification or re-accreditation of the information system(s) are required;
   d) preparing change implementation plans that include testing and contingency plans in the event of problems;
   e) obtaining approvals from affected repository owners and Information Technology service owners; and
   f) training technical staff and operations staff if required.

1.3 The classification of the information shall determine the appropriate approval required to make a change.

1.4 Information Technology and repository owners shall:
   a) notify affected parties, including business partners and third parties;
   b) complete re-certification and re-accreditation as required prior to implementation;
   c) train users, if required;
   d) document and review the documentation throughout the testing and implementation phases;
   e) record all pertinent details regarding the changes; and
   f) ensure that only the intended changes took place.
2. **Third Party IT Resources Services**

   2.1 Information Technology and repository owners shall ensure agreements with external party service providers include provisions that comply with AHS’ change control process. These compliance provisions shall be made by amending agreements when required by new or revised legislation, regulations, business requirements, policy, or service delivery methods, and requiring the service provider obtain pre-approval for significant changes involving:

   a) network services;
   b) new technologies;
   c) use of new or enhanced system components (e.g., software or hardware);
   d) system development, test tools, and facilities;
   e) modification or relocation of the physical facilities; and
   f) sub-contracted services.

   2.2 AHS Information Technology and repository owners shall ensure the change control process for IT resources services delivered by external parties includes, as required:

   a) reviewing and updating the *Security Risk Assessment* to determine impacts on confidentiality, integrity, and availability controls;
   b) implementing new or enhanced security controls where identified by the risk assessment;
   c) reviewing and updating Privacy Impact Assessments as required;
   d) initiating and implementing revisions to policies, procedures, and standards; and
   e) revising personnel awareness and training programs.

**DEFINITIONS**

*Change* means the addition, modification, or removal of anything that could have an effect on IT services, including configuration items, processes, and documents.

*Information technology (IT) resource* means any AHS-owned or controlled asset used to generate, process, transmit, store, or access AHS Information, which includes but is not limited to IT infrastructure, computer facilities, systems, hardware, software, information systems, networks, shared drives, computer equipment and devices, internet, email, databases, applications, mobile wireless devices, and mobile storage devices.
Repository owner means the individual(s) responsible for defining the processes and controls for the assessment, storage, security, privacy, and disposition of the information in a repository.

REFERENCES

- Alberta Health Services Governance Documents:
  - Information Classification Policy (#1142)
  - Privacy Impact Assessments Policy (#1145)
- Alberta Health Services Resources:
  - Security Risk Assessment

VERSION HISTORY

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