TMC
Information Governance Policy

Data protection and Information Security

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Index

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Document History

(current version is on the top as version and date are repeated in the document, the previous version appears under the yellow row)

VERSION	DATE	CHANGES	AUTHOR
Current version:			
6.1	08/06/2018	Added more details related to Data Protection Added Security	Ida Anderman, SQB
Older versions (write, don't copy from above):			
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4.1	09.09.2011	Added IG lead and SIRO roles	Daniel Balliu
4.2	19.09.2013	Reviewed – No Changes	Daniel Balliu/Richard Aldridge
4.3	03/03/2014	Updated Sydney Address and Reviewed	Richard Aldridge
4.4	05/05/2014	New format, changes of IQCGB to SQB	Ida Anderman
4.5	18/02/2015	Reviewed	Richard Aldridge
4.6	23/11/2015	Added date of review, deleted info about classification to refer to the doc where it is described.	Ida Anderman
4.7	13/01/2016	Adaptation to new ISO 27001 requirement (4.2.A).	Javier Castillo
4.8	30/06/2016	Removable Media better defined	Richard Aldridge

VERSION	DATE	CHANGES	AUTHOR
4.9	24/01/2017	Yearly review, modified org chart, added terminology	Ida Anderman, SQB
5.0	04/01/2018	Yearly review, no changes	Ida Anderman, SQB
6.0	14/05/2018	Adapted to GDPR	Ida Anderman, SQB

Date of document review: Before end of March every year or at times of relevant changes.

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Related documentation

GDPR EUR-Lex - 32016R0679 - EN - EUR-Lex
ISO 27001 standard
SOP-ISMS-001 Statement of Applicability 27001-2013
Data Processing Inventory
Record Management and Retention Policy
Unilabs Global Data Protection Governance Policy
Unilabs Data Breach Notification Procedure

Definitions

“Information System” Includes all servers and clients, network infrastructure, systems and applications, as well as the use of all internal and external services such as Internet access, e-mail. Etc.

“ISMS” means Information Security Management system.

“Information assets” In the context of this Policy the term Information assets is applied to….

“Controller” means the natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the Processing of Personal Data.

“Data Protection Law” means all applicable legislation relating to data protection and privacy including without limitation the EU Data Protection Directive 95/46/EC and all local laws and regulations which amend or replace any of them, including the GDPR, together with any national implementing laws in any Member State of the European Union or, to the extent applicable, in any other country, as amended, repealed, consolidated or replaced from time to time. The terms “process”, “processes” and “processed” will be construed accordingly.

“Data Subject” means the individual to whom Personal Data relates.

“GDPR” means the General Data Protection Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons regarding the processing of personal data and on the free movement of such data.

“Instruction” means the written, documented instruction, issued by Controller to Processor, and directing the same to perform a specific action regarding Personal Data (including, but not limited to, depersonalizing, blocking, deletion, making available).

“Personal Data” means any information relating to an identified or identifiable individual where such information is contained within Customer Data and is protected similarly as personal data or personally identifiable information under applicable Data Protection Law

“Special Category Data” is information relating to; - racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, genetic data, biometric data, a person’s age, data concerning health, data concerning a natural person’s sex life or sexual orientation.

“Personal Data Breach” means a breach or incident of security leading to the accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to, Personal Data transmitted, stored or otherwise processed.

“Processing” means any operation or set of operations which is performed on Personal Data, encompassing the collection, recording, organization, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction or erasure of Personal Data.

“Processor” means a natural or legal person, public authority, agency or other body which processes Personal Data on behalf of the Controller.

“Standard Contractual Clauses” means the clauses attached hereto as Exhibit 1 pursuant to the European Commission’s decision (C(2010)593) of 5 February 2010 on Standard Contractual Clauses for the transfer of personal data to processors established in third countries which do not ensure an adequate level of data protection.

”Caldicott Guardian” is an NHS (UK) appointee who is responsible for policies that safeguard the confidentiality and security, information clarity, rights of access and documentation accuracy of patient data. Caldicott Guardians are often senior professionals working within a particular NHS organisation-trust or in general practice.

”IG lead” mean Information Governance Lead

”SIRO” means Senior Information Risk Owner, a role defined by the IG toolkit. The Senior Information Risk Owner (SIRO) should be an Executive Director or other senior member of the Board (or equivalent senior management group/committee). The SIRO may also be the Chief Information Officer (CIO) if the latter is on the Board, but should not be the *Caldicott Guardian* as the SIRO should be part of the organisation's management hierarchy rather than being in an advisory role.

”IG toolkit” mean Information Governance Toolkit used in the UK

”SQB” means TMC Security and Quality Board

”DPO” means Data Protection Officer

1. Introduction

This top-level information security policy is a key component of TMC overall information security management framework and should be considered alongside more detailed information security documentation, including system level security policies, security guidance and protocols or procedures.

This policy also covers data protection.
The Company needs to gather and process certain information about individuals (Personal Data). Such individuals may include employees, customers, suppliers and other people the organisation has a relationship with or may need to contact.
This policy describes how this personal data must be collected, handled and stored to the requirements of the General Data Protection Regulations.
This Policy should be read in conjunction with the Company's Privacy Statements.

2. Objectives

The objectives of TMC Information Security Policy are to preserve:

- **Confidentiality** - Access to Data shall be confined to those with appropriate authorization.
- **Integrity** – Information shall be complete and accurate. All systems, assets and networks shall operate correctly, according to specification.
- **Availability** - Information shall be available and delivered to the right person, at the time when it is needed.

3. Policy aim

The aim of this policy is to establish and maintain the security and confidentiality of information, information systems, applications and networks owned or held by TMC by:

- Ensuring that all members of staff are aware of and fully comply with the relevant legislation as described in this and other policies and follows good practice.
- Describing the principals of security and explaining how they shall be implemented in the organisation.
- Introducing a consistent approach to security and data protection, ensuring that all members of staff fully understand their own responsibilities.
- Creating and maintaining within the organisation a level of awareness of the need for Information Security and data protection as an integral part of the day to day business.
- Protecting information assets under the control of the organisation.

- Protecting the rights of employees, customers and business partners
- Being open about how it stores and processes individual data
- Minimising the risks of a data breach

4. Scope

The scope of the TMC Information Management System of Information Security services is *"Medical diagnostic services in teleradiology, telepathology and medical training".*

Companies covered are:

European Telemedicine Clinic S.L.
Torre Mapfre
C/Marina 16-18,
21st Floor
08005 Barcelona, Spain

Telemedicine Clinic UK
Merlin House
Brunel Road
Theale
RG7 4AB
UK

Telemedicine Clinic Sydney
Suite 13.02,
Level 13,
25 Bligh Street,
Sydney
Australia

Telemedicine Clinic Skandinavien (not covered by ISO 27001 certification)
Syrénvägen 2
178 51 EKERÖ
Stockholms län, Stockholm (Sweden)

This policy covers all information within the organisation, including (but not limited to):

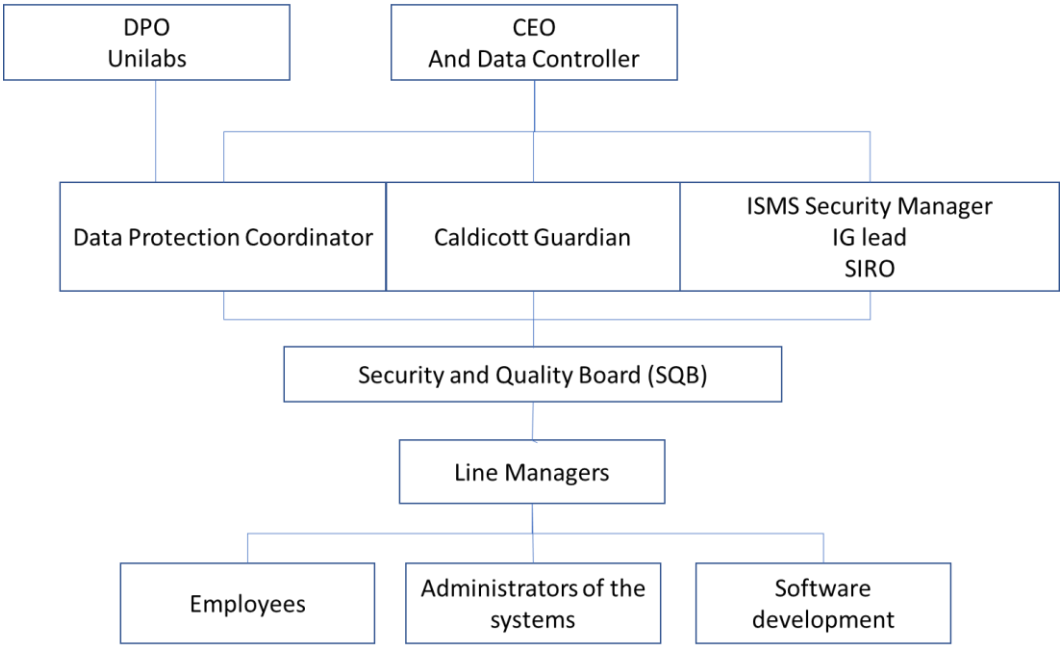
- Patient, client and service user information (for further details refer to the company Security Document)
- Staff, contractor and volunteer information (for further details refer to the company Security Document)
- Financial information

- Management information

This policy covers all information, no matter what form it is stored or used in, including (but not limited to):

- Structured record systems - paper and electronic
- Unstructured record systems – paper and electronic
- Transmission of information – fax, e-mail, post and telephone

5. Responsibilities for Information Security and Data Protection



5.3 Ultimate responsibility for information security rests with the TMC Chief Executive Officer and the Senior Management team but on a day-to-day basis other profiles shall be responsible for managing and implementing the policy and related procedures.

5.4 The Data Protection Officer (DPO) on Unilabs group level is supporting the local TMC information security organisation with data subject requests, doubts, data breach management. The DPO reports to the Finance department in Unilabs and to the Group Executive Management and the Data Protection Core Team. This is described in detail in the Unilabs Global Data Protection Governance Policy

5.5 The Data Protection Coordinator ensures that the TMC group complies with GDPR and local data protection laws. Provides training and support and is the main contact with the Unilabs Group DPO and the Data Protection Core Team.

5.6 TMC has appointed the Head of IT as Information Security Management System Manager (also called Security Manager). The UK Connecting-for-Health IG

toolkit roles “IG lead” and “SIRO” are also performed by the Head of IT. The Security Manager is responsible for the security administration within the TMC organisation, ensuring that appropriate technical and organisational measures are in place to preserve confidentiality, integrity, availability of the data processed by TMC.

5.7 The “Caldicott Guardian” role is performed by the Medical Director. This role exists within the NHS in the UK and is a senior medical staff member whose main responsibility is to ensure patient data is kept secure.

5.8 The TMC Security and Quality Board (SQB), led by the Quality Manager, consists of selected managers and key employees who all act as Security officers. This board is both providing advise related to quality and security as well as implementing, monitoring, documenting and communicating security requirements in the organisation.

5.9 Line Managers[1] are responsible for ensuring that their permanent and temporary staff and contractors are aware of: -

- The information security policies applicable in their work areas
- Their personal responsibilities for information security
- How to access advice on information security matters
- Ensure the staff members follow TMC and Unilabs guidelines and this policy.

5.10 All staff shall comply with information security procedures including the maintenance of data confidentiality and data integrity. Failure to do so may result in disciplinary action.

5.11 The Information Security Policy shall be maintained, reviewed and updated by the TMC Security and Quality Board. This review shall take place annually. The CEO or the Information Security manager should sign the policy.

5.12 Line managers shall be individually responsible for the security of their physical environments where information is processed or stored.

5.13 Each member of staff shall be responsible for the operational security of the information systems they use.

5.14 Each system user shall comply with the security requirements that are currently in force, and shall also ensure that the confidentiality, integrity and availability of the information they use are maintained to the highest standard.

5.15 Contracts with external contractors that allow access to the organisation’s information systems shall be in place before access is allowed. These contracts shall ensure that the staff or sub-contractors of the external organisation shall comply with all appropriate security policies.

[1] Also called Business Referents (see Unilabs Data Protection Governance Policy), one in each department of Operations, IT, Sales, Marketing and Communication, Procurement, Finance and Compliance.

5.16 Yearly, or more frequently if deemed necessary, the TMC Security and Quality Board will send out a reminder email to all staff explaining changes or new needs, requirements, legislation, policies or procedures, etc. concerning Information Security. This is scheduled via IT Periodic task.

5.17 The TMC Management must ensure that all staff are aware that when they process health data, they must treat the data confidentially. This is legally binding and covers all staff with access to the patients' health records.

5.18 A yearly report on GDPR and Information security compliance should be produced and sent to the TMC board.

5.19 Responsibilities are further described in individual job descriptions.

6. Legislation & 3rd Party requirements

TMC is obliged to abide by all relevant UK and European Union legislation and the legislations in the clients' countries and the countries where the TMC offices are located. The requirement to comply with this legislation shall be devolved to employees and consultants of TMC, who may be held personally accountable for any breaches of information security for which they may be held responsible. When it comes to the security of patient data, it is a requirement that the clients provide TMC with the instructions for how they, as data controllers of the data, expect the data to be treated, via the contractual/confidentiality agreement.

7. Policy Framework

This policy has been updated in accordance with what is stipulated in the EU regulation (UE) 2016/679 approved by the EU Parliament on 14 April 2016 (GDPR) and relevant national data protection law in the countries where we operate.

The GDPR has replaced local regulations and laws such as The Data Protection Act 1998 (UK), PUL (Sweden), and LOPD (Spain).

The Regulations describe how organisations, including Telemedicine Clinic, must collect, access, organise, store and destroy personal data (i.e. Processing).
Not only must the Company comply with the law regarding the processing of personal data safely and lawfully, the Company must demonstrate its compliance with the law.

The rules apply regardless of whether data is stored electronically, on paper or on other materials (e.g. CCTV)

The General Data Protection Regulations are underpinned by the following important principles; -

- **Lawfulness, fairness and transparency:**
  Personal data must be processed lawfully, fairly and in a transparent manner in relation to the data subject.

- **Purpose Limitation:**
  Personal data must be collected only for specified, explicit and legitimate purposes.

- **Data Minimisation:**
  Personal data must be adequate, relevant and limited to what is necessary in relation to the purposes for which it is processed.

- **Accuracy:**
  Personal data must be accurate and where necessary kept up to date.

- **Storage Limitation:**
  Personal data which is kept in a form which permits identification of data subjects must be kept for no longer than is necessary for the purpose for which data is processed.

- **Integrity and Confidentiality:**
  Personal data must be processed in a manner that, through use of technical or organisational measures, ensures appropriate security, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage.

- **Accountability:** The data controller is responsible for and must be able to demonstrate compliance with the other data protection principles.

TMC is also ISO 27001 certified, which is a standard that provides guidance and best practice of information security and how to handle data security risks.

TMC complies with the above in the following way:

7.1 Information Security governance

- TMCs has defined the organisation structure for Information security, as described in this policy (see above “Responsibilities for Information Security”) and in the Unilabs Group Data Protection Governance Policy.

7.2 Policy Audit

- Compliance with this Information Security policy will be monitored through audits.

- Yearly external audits of ISO 27001 take place.

- Internal audits are run regularly
- Business continuity and service continuity audits are done, as well as penetration tests'
- The schedule of audits and the results will be defined, reviewed and monitored by the SQB.

7.3 Information Security Awareness Training

- Information security and data protection awareness training shall be included in the staff induction process.
- An ongoing awareness programme shall be established and maintained to ensure that staff awareness is refreshed and updated as necessary.
- All TMC staff members and consultants need to read and agree to TMC Security and Confidentiality User guidelines, which is a comprehensive guideline about our security and how they, as users, should process and manage the data.

7.4 Information Risk Assessment

- TMC has adopted a systematic approach to information security risk management.
- The core principle of risk assessment and management requires the identification and quantification of information security risks in terms of their perceived value of asset, severity of impact and the likelihood of occurrence.
- Once identified, information security risks shall be managed on a formal basis. They shall be recorded within a baseline risk register and action plans shall be put in place to effectively manage those risks. The risk register and all associated actions shall be reviewed at regular intervals. Any implemented information security arrangements shall also be a regularly reviewed feature of a TMC risk management programme. These reviews shall help identify areas of continuing best practice and possible weakness, as well as potential risks that may have arisen since the last review was completed.
- In cases where the data processing activity is likely to result in a high risk for the rights of individuals, controllers must carry out a Data Protection Impact Assessment (PIA) prior to any such processing[2]. The purpose of the assessment

[2] A PIA* must be performed in the following cases:
i) In case of systematic and extensive evaluation of personal aspects relating to natural persons which is based on automated processing*, including profiling*, and on which decisions are based that produce legal effects concerning the individual or similarly significantly affect the individual;
ii) In case of processing* on a large scale of special categories of data (i.e. data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade-union membership, genetic data, biometric data or data concerning health or sex life) or of data relating to criminal convictions and offences
iii) In case of a systematic monitoring of a publicly accessible area on a large scale (e.g. implementation of a CCTV system)

when performing a PIA is for the controller* to identify and mitigate the risks. This is described in TMC-SOP-035 Data Protection Impact Assessment procedure.

7.5 Continual improvement

- The SQB team shall ensure actions are taken to continuously improve the company's Information Governance structure.
- Improvements may be detected through Risk assessments, audits, planning and analysis of new processes and systems.
- Actions are controlled and reviewed regularly.

7.6 Contracts of Employment

- Staff security requirements shall be addressed at the recruitment stage and all contracts of employment shall contain an information security and confidentiality clause.
- Information security expectations of staff shall be included within appropriate job definitions.

7.7 Legal ground for processing data

- TMC must define the legal ground for each of the data processing activities. This is documented in the Data Processing Inventory. The legal grounds comprise;
    - **Performance of a Contract:**
      Where the organisation has a contract with an individual and needs to process their Personal data to comply with its obligations under the contract.
    - **Legal Obligation:**
      Where the organisation needs to process an individual's personal data to comply with a common law or statutory obligation.
    - **Consent:**
      Where the individual gives their consent. This must be freely given, specific, informed and unambiguous.
    - **Legitimate Interest:**
      Where the organisation identifies a legitimate interest in in "processing" the personal data and can show processing is necessary to achieve it. This requires the organisation to balance its needs against the interests, rights and freedoms of the individual. This is best done by completing a Privacy Impact Assessment.

- **Vital Interest:**
  Where the organisation needs to process the individual's personal data to protect someone's life.

- **Public Task:**
  Relevant to Public bodies.

7.8 Information to Individuals

- TMC must provide information to individuals about how TMC process their data.

- This is done through Information Notices available on the website and provided directly to the individuals.

7.9 The Individuals' rights

- TMC must be aware of the data subjects' rights for each data processing activity. They have the right to:
  - Be informed about how the Company will handle their data. This will normally be done by issuing an Information Notice and a Policy Statement.
  - Apply the ARCO(PE) rights:
    - Ask to gain access to personal data held about them
    - Withdraw their consent, where consent is the lawful basis for processing
    - Request their personal data is erased in certain circumstances
    - Request their personal data is transferred to a third party in certain circumstances

- There must be a process in place to manage data subjects' request to exercise their rights, including technical measures. This is documented in SOP-TMC-032 Data Subjects Rights process.

- The Data Processing Inventory includes information about the rights, to help guide the staff managing the requests from data subjects.

- Telemedicine Clinic may face significant fines for a data breach or for failing to adhere to the General Data Protection Regulations.

- Employees should be aware they can be criminally liable if they knowingly or recklessly disclose personal data. Serious breaches of this Policy may be treated as a disciplinary offence.

7.10 Data Processing Inventory

- Each data processing activity shall be registered in a Data Processing Inventory.

- The inventory needs to be regularly reviewed and updated.

7.11 Access to personal data

The only people able to access personal data are those who need to do so for their work and should do so in accordance with one (or more) of the lawful basis identified above.

Data should not be shared informally or where there is no lawful basis, either within the Company or externally. Moreover, personal data must be held in as few places as necessary. Employees must not create unnecessary additional data sets.

The Company will at times need to process Special Category Data (or Sensitive Data). In such circumstances, the Company must identify at least one additional lawful ground (in addition to the general processing grounds, to justify processing special category data.

- Employees should keep all data secure, by taking sensible precautions. In particular strong passwords and/or encryption should be used. (See also data storage below).
- Personal data should be regularly reviewed and updated. If it is out of date or no longer required, it should be deleted or disposed of confidentially.

- Telemedicine Clinic has provided training to all employees (and will provide training to new employees) to help them understand their responsibilities when handling personal data.

7.12 Privacy by default and privacy by design

- Each new process or technical asset needs to be evaluated based on data protection risks and consider data minimisation. This should be documented, and a PIA should be produced if so required. This is described in TMC-SOP-035 Data Protection Impact Assessment procedure.

- Security measures should be implemented to minimise risks for the data subjects => Privacy by design

- Ensuring by default that only personal data*, which is necessary for each specific purpose, is processed. Relevant factors are: the amount of data collected, the extent of their processing, the period of their storage and their accessibility => Privacy by Default

- These processes are described in SOP-TMC-033 Privacy by default and by design process

- For these reasons it is crucial that departments involve IT in all cases when the need for a new tool arises. IT will approve or reject the use applications. Departments who put into production tools on their own device or ones that are rejected by IT will be held responsible for mainting the security and data principles described in this policy document. Departments must complete a Security Handover form for each of these applications, and store them in the Evidence Folder on the Intranet:

http://intranet/Regulations/Evidence/Appointments/Application Security Handovers

7.13 Data transfer to third countries

- According to the data protection regulation, to ensure the protection of the personal data, TMC must put in place relevant safeguards such as the signature of data transfer agreements based on the standard contractual clauses issued by the European Commission, and technical security measures.

- The safeguards are documented in DPIAs and in the Data Processing Inventory.

7.14 Information security events and weaknesses, data breaches

- All information security events, suspected weaknesses and data protection breaches are to be reported to the Security officers and in case of possible implications for patients also to the Medical Director. All information security events shall be investigated to establish their cause and impacts with a view to avoiding similar events.

- The data controllers, if other than TMC, should be informed, if any data breaches or incidents create a risk for their data subjects.

- TMC, in the role of Data Controller, should ensure the data subjects are informed in case of data breaches that create a risk for them.

- This is documented in SOP-TMC-034 Data Protection Breaches. The process includes how to register the incidents, how to review them and the way to communicate them to data subjects, data controllers and others.

7.15 Classification of Sensitive Information.

- A consistent system for the classification of information enables common assurances in information partnerships, consistency in handling and retention practice when information is shared with other bodies.

- TMC shall implement appropriate information classification controls, based upon the results of formal risk assessment.

- The classification is described in POL-TMC-007 TMC Documentation Convention Policy

7.16 Reporting

- The TMC Security and Quality Board shall keep the CEO and the Management Team Board informed of the information security status of the organisation by means of regular reports and presentations.

7.17 Data on paper

- Where data is stored on paper, it should be safely stored in a secure place where unauthorised personnel cannot see it. In particular; -
    - When not required, files or other paper based personal data should be kept in a locked drawer or filing cabinet.
    - Employees should make sure papers are not left where unauthorised people could see them (e.g. on a printer).
    - Documents should be confidentially shredded and disposed of securely when no longer required.

- These responsibilities also apply to data that is usually stored electronically but has been printed out for some reason.

7.18 Security Control of Assets

- Each IT asset (hardware, software, application or data) is inventoried and under control of the IT department.

7.19 Access Controls

- Only authorised personnel who have a justified and approved business need shall be given access to restricted areas containing information systems or stored data.

7.20 User Access Controls

- Access to information shall be restricted to authorised users who have a bona-fide business need to access the information.
- Data should be protected by strong passwords that are changed regularly.

7.21 Computer Access Control

- Access to computer facilities shall be restricted to authorised users who have business need to use the facilities.

7.22 Application Access Control

- Access to data, system utilities and program source libraries shall be controlled and restricted to those authorised users who have a legitimate business need e.g. systems or database administrators. Authorisation to use an application shall depend on the availability of a licence from the supplier.

7.23 Equipment Security

- To minimise loss of or damage to all assets, equipment shall be physically protected from threats and environmental hazards.
- Data should only be stored on designated drives and servers.
- Servers containing personal data should be sited in a secure location, away from the general office and Data should be backed up frequently.

7.24 Computer and Network Procedures

- Management of computers and networks shall be controlled through standard documented procedures that have been authorised by the TMC Security and Quality Board.

7.25 Protection from Malicious Software

- The organisation shall use software countermeasures and management procedures to protect itself against the treat of malicious software. All staff shall be expected to co-operate fully with this policy. Users shall not install software on the organisation's property without permission from the IT manager. Users breaching this requirement may be subject to disciplinary action.

7.26 User media

- The use of all removable media including USB Flash and USB hard disks is not permitted. Exclusions to this are only permitted with a valid and justifiable business case. TMC uses Antivirus Software to control the use of removable media.

7.27 Monitoring System Access and Use

- An audit trail of system access and data use by staff shall be maintained and reviewed on a regular basis.

- TMC has in place routines to regularly audit compliance with this and other policies. In addition, it reserves the right to monitor activity where it suspects that there has been a breach of policy. The regulations permit monitoring and recording of employees' electronic communications for the following reasons:
    - Establishing the existence of facts
    - Investigating or detecting unauthorised use of the system
    - Preventing or detecting crime
    - Ascertaining or demonstrating standards which are achieved or ought to be achieved by persons using the system (quality control and training)
    - In the interests of national security
    - Ascertaining compliance with regulatory or self-regulatory practices or procedures
    - Ensuring the effective operation of the system.

7.28 Accreditation of Information Systems

- The organisation shall ensure that all new information systems, applications and networks meet the security requirements defined and approved by the TMC Security and Quality Board before they commence operation.

7.29 System Change Control

- Changes to information systems, applications or networks shall be reviewed and approved by the Head of IT, member of the TMC Security and Quality Board and revised in the Steering Committee.

7.30 Intellectual Property Rights

- The organisation shall ensure that all information products are properly licensed and approved by the Head of IT. Users shall not install software on the organisation's property without permission from the IT manager. Users breaching this requirement may be subject to disciplinary action.

7.31 Business Continuity and Disaster Recovery Plans

- The organisation shall ensure that business impact assessment, business continuity and disaster recovery plans are produced for all mission critical information, applications, systems and networks.

8. Further Information

Further information and advice on this policy can be obtained from TMC Security and Quality Board and Security officers (dataprotection@telemedicineclinic.com).

All undersigned assume and fully accept the contents of this Policy and agree to implement it within their respective areas to ensure the proper Management of the Information Security System.

Barcelona, 8th June 2018

CEO **ISMS Security Manager**