

# Written Information Security Plan (WISP)

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Prepared for: [Your Firm Name]

Prepared under: FTC Safeguards Rule & IRS Guidance

## 1. Purpose & Scope

This Written Information Security Plan (WISP) establishes the administrative, technical, and physical safeguards [Your Firm Name] has implemented to protect Nonpublic Personal Information (NPI), including client, employee, and firm data.

The scope of this plan covers:

- All employees, contractors, and vendors who access or manage client information.
- All physical and electronic systems where NPI is created, stored, transmitted, or disposed of.
- All business processes involving the use of sensitive client data, including tax preparation, bookkeeping, payroll, and financial consulting.

## 2. Firm Profile

Firm Name: [Your Firm Name]

Number of Employees: [#]

Primary Location: [Address]

Services Offered: [Tax preparation, accounting, consulting, etc.]

## 3. Data Classification Policy

To ensure proper handling of information, all firm data is classified into categories:

- Public Information – Data intended for public distribution (marketing materials, website content). No restrictions apply.
- Internal Use Only – Business records not intended for external release (internal memos, training guides). Must remain within the firm.
- Confidential / NPI – Client tax returns, Social Security Numbers, financial accounts, or any information protected by federal/state law. This data requires encryption, access restrictions, and secure disposal.

Employees are responsible for knowing the classification of data they handle and following the required safeguards.

## 4. Risk Assessment

Risk assessments are performed annually and after major system or business changes. Each assessment includes:

- Threat Identification – Insider threats, external hackers, phishing campaigns, ransomware, lost/stolen devices, and natural disasters.

- Likelihood & Impact – Evaluation of how probable and damaging each risk is to the confidentiality, integrity, and availability of NPI.
- Safeguard Review – Assessment of current controls, such as MFA, encryption, and employee training.
- Mitigation Planning – Documenting improvements such as new controls, enhanced monitoring, or additional staff training.

Results are reviewed by the Data Security Coordinator and integrated into security updates.

## 5. Safeguards

Administrative Safeguards:

- Security policies are communicated to all staff and acknowledged in writing.
- Employee background checks are conducted before granting access to sensitive systems.
- Access rights are tied to job responsibilities and reviewed quarterly.

Technical Safeguards:

- Systems must run current operating systems with regular patching.
- Multi-Factor Authentication (MFA) is required for cloud services, email, and remote access.
- Encrypted backups are maintained daily and tested quarterly for restorability.
- Antivirus and endpoint detection tools are required on all firm devices.

Physical Safeguards:

- Offices secured by keyed or electronic access.
- Paper files locked in restricted areas after hours.
- Portable media (USB, CDs, external drives) not permitted without encryption and written approval.
- Visitors must sign in, be escorted, and wear identification when in restricted areas.

## 6. Access Control Policy

- Access is provisioned only after written authorization from management.
- User privileges are tied to job duties (“least privilege” principle).
- Access reviews are conducted quarterly to ensure only active employees have access.
- Immediately upon termination, IT disables system logins, email accounts, and remote access.
- Password Policy:
  - Minimum 12 characters with uppercase, lowercase, number, and symbol.
  - Changed every 90 days.

- Prohibited from reuse across systems.

## **7. Device & Mobile Security**

- All firm-issued devices must be encrypted with AES-256 full-disk encryption.
- Auto-lock screens enabled after 10 minutes of inactivity.
- Mobile Device Management (MDM) allows the firm to remotely wipe or lock devices.
- Employees may not install unauthorized applications that interact with client data.
- Lost or stolen devices must be reported within 24 hours.

## **8. Remote Work Policy**

- Only approved and secured devices may be used for remote access.
- Remote access must occur via firm-controlled VPNs or portals with MFA.
- Employees must work from a private, secure environment where screens cannot be observed by unauthorized persons.
- Paper documents used remotely must be secured in locked containers and shredded when no longer required.
- The firm reserves the right to suspend remote access in cases of non-compliance.

## **9. Logging & Monitoring**

- System event logs capture login attempts, file access, administrative changes, and security alerts.
- Logs are stored securely for 12 months minimum.
- Quarterly reviews are performed by IT to detect unauthorized access or suspicious activity.
- Automated alerts are configured to notify administrators of repeated failed login attempts, unusual data transfers, or malware detections.

## **10. Vendor & Third-Party Management**

- Vendors must sign confidentiality agreements and demonstrate compliance with security standards (FTC Safeguards Rule, IRS guidelines).
- Vendors with access to NPI are reviewed annually or after a significant incident.
- The firm maintains a vendor inventory documenting security contact information, services provided, and compliance certifications.
- If a vendor experiences a breach, they must notify the firm within 24 hours of discovery.

## 11. Incident Response Plan

In the event of a breach, suspected compromise, or system outage:

1. Containment – Immediately isolate affected systems to prevent further exposure.
2. Investigation – Identify scope, data impacted, and method of attack. Preserve logs and evidence.
3. Notification –
  - a. Affected clients notified within 72 hours.
  - b. Regulators and state authorities notified within statutory deadlines.
4. Remediation – Remove malware, patch vulnerabilities, reset credentials.
5. Recovery – Restore from backups if needed.
6. Documentation – Prepare a full incident report, including lessons learned.

## 12. Data Retention & Disposal

- Retention – Client records kept at least 7 years unless longer retention required.
- Disposal –
  - Paper: Cross-cut shredding or bonded shredding vendor.
  - Digital: Secure deletion software or device wipe protocols.
- Backups – Periodically reviewed and disposed of securely when past retention schedule.

## 13. Training & Awareness

- All employees trained at hire and annually thereafter.
- Training covers phishing prevention, device handling, and incident reporting.
- Employees sign an acknowledgment of WISP compliance.

## 14. Business Continuity & Disaster Recovery

- Daily backups stored off-site and tested quarterly.
- In case of extended outage, essential operations will continue from alternate locations or via remote systems.
- Paper fallback procedures may be used until systems are restored.
- Annual disaster recovery test performed to validate readiness.

## 15. Encryption & Secure Communications

- AES-256 encryption for stored data (when supported).
- TLS 1.2 or higher for web traffic and client portals.
- Password-protected PDFs with out-of-band password delivery for email attachments.

## 16. Program Maintenance & Review

- The WISP is reviewed annually by the Data Security Coordinator.
- Changes in technology, regulation, or business structure trigger immediate updates.
- Employee acknowledgments are re-collected with each major revision.

## 17. Employee Acknowledgment

I acknowledge that I have received, read, and understand the WISP for [Your Firm Name]. I agree to comply with all described policies and procedures.

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 18. Contacts for Data Security Incidents

Data Security Coordinator: [Name, Phone, Email]

IT Provider: [Vendor Name, Contact Info]

## Employee Acknowledgment Log

Employee Name

Signature

Date Signed

## Breach Incident Log Template

Date of Incident	Description of Breach	Systems/Clients Affected	Actions Taken	Regulatory Notifications	Resolution Date
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