HEALTHCARE

Healthcare Security Assessment

Penetration testing of patient portals, telehealth, EHR integrations and clinical networks, with post-quantum readiness and AI security — for hospitals, payers and digital-health companies.

Patient-level
ACCESS TESTING

Never
ON A PATIENT DEVICE

CycloneDX
CBOM & ML-BOM OUTPUT

Senior
PRACTITIONER-LED

What we assess

AI security

Ambient documentation, clinical assistants, AI over patient records, and agents in scheduling, coding or claims.

Post-quantum readiness

Records, clinical interfaces, identity and backups — ranked by how long the data must stay confidential.

Clinical & patient platforms

Portals, telehealth and health apps, EHR, FHIR and HL7 interfaces, claims platforms, and the identity and cloud behind them.

What you get

- ✓ Patient-to-patient and role-based access testing
- ✓ Break-glass access checked before any recommendation
- ✓ Clinical network and device segmentation review
- ✓ Procurement security requirements for clinical vendors
- ✓ Evidence that feeds your risk analysis and audits
- ✓ CBOM and AI-BOM in CycloneDX format
- ✓ One round of retesting to confirm the fixes landed

How it works

1. Scope your systems, clinical workflows and obligations
2. Agree windows, test environments and the stop contact
3. Test hands-on; passive-only discovery on clinical networks
4. Deliver findings and evidence, then retest the fixes

A good fit if

- ✓ You run patient-facing portals, apps or telehealth and nobody outside has tested them.
- ✓ Your clinical networks and devices have grown faster than your segmentation.
- ✓ You are putting AI near patient records or into clinical workflows.
- ✓ Your compliance team needs documented testing for your risk analysis.

Probably not, if

- × You want devices connected to patients tested — we never do it.
- × You need premarket evidence for a device you make — see our Medical Devices datasheet.
- × You want a compliance certificate — we test; regulators and auditors judge.

How we engage

Fixed scope
A fixed-scope proposal at a fixed price. No hourly meter running.

Senior-led
The practitioner who scopes the work does the work and writes the report.

Plain language
One report your engineers and your board can both act on.

Retest included
We verify the fixes landed — one round of retesting is in scope.