

Design and Implementation of Key-Policy Attribute-Based Encryption in Body Sensor Network

¹Yar-Ling Tan, ^{2*}Bok-Min Goi, ³Ryoichi Komiya, and ⁴Raphael Phan

*¹Universiti Tunku Abdul Rahman,
Building PD No.9, Jalan Bersatu 13/4,
46200 Petaling Jaya, Selangor, Malaysia*

*⁴Multimedia University, Jalan Ayer Keroh Lama,
75450, Ayer Keroh, Melaka, Malaysia*

*E-mail: yarling@lutar.my, goibm@utar.edu.my, ryoichi@utar.edu.my and
raphael@mmu.edu.my*

*Corresponding author

ABSTRACT

Body sensor network (BSN) is a set of sensors attached to patients' body to collect vital signs. The vital signs will be sent from patients' smart phone or personal computer via BSN coordinator to the remote healthcare provider's server. This will enable patients' vital signs to be monitored by healthcare people via internet. However, security is necessary for the patients' personal data including vital signs. The patients' personal data and vital signs are referred to as medical information. Therefore, encryption needs to be applied to patient's medical information. In this paper, we propose an implementation of key-policy attribute-based encryption (KP-ABE) in order to encrypt the medical information and present an encryption/decryption prototype system of KP-ABE in BSN. KP-ABE allows fine-grained sharing of encrypted data. It is able to provide differential access rights for different users. Thus, the encryption allows flexibility in changing access rights of individual users over the encrypted data.

1. INTRODUCTION

The current technology has brought remarkable contribution and advancement to the electronic healthcare devices today. The advancement of electronic healthcare devices is essential for monitoring and early prevention of various diseases such as heart diseases, diabetes, hypertension, chronic obstructive pulmonary disease (COPD), and other chronic diseases.

Body sensor network [1-4], is one of the smallest personal electronic healthcare networks which has been studied and tested its availability all over the world. Body sensor network (BSN) is composed of wearable computing device with a set of sensors attached to different parts

of human body to collect vital signs. The vital signs to be collected are body temperature, blood pressure, pulse rate (or heart rate), respiratory rate and etc. BSN is a wireless network that enables sensors to send the vital signs to mobile computing device (e.g. smart phone) or a computing unit via BSN coordinator. Then they will be sent to the third party remote server to be stored. In this way, patient can be monitored in real time or non-real time basis remotely from the hospital [5].

The medical information stored at the remote server will be shared among different users (e.g. doctors, nurses, pharmacies, patient and etc.). Thus, privacy, confidentiality and security issues for the medical informationshould be a major concern in this topic. Therefore, it is important for the medical information to be encrypted before sending to the third party remote server. Encryption is one of the potent approaches to secure medical information. Many research works have been done in order to secure the medical information of the BSN [6-10].

Attribute-based encryption (ABE) [11-14], is a fine-grained access control system, which enables a set of users to have differential access rights. On the other hand, ABE is also flexible in defining the access rights of each user. There are two major types of ABE; key-policy attribute-based encryption (KP-ABE)[15-16], and ciphertext-policy attribute-based encryption (CP-ABE) [17-19]. In this paper, we propose an implementation of KP-ABE scheme to apply the encryption to patient's medical information. KP-ABE encryption time is shorter than CP-ABE. Besides that, KP-ABE has less restriction and limitation on the authorized users who are able to apply decryption to the encrypted medical information. Authorized user (e.g. medical operator) is able to perform decryption if his/her access policy matches the attributes assigned to the encrypted vital signs. In hardware implementation, KP-ABE is also advantageous. KP-ABE scheme is able to realize the lightweight encryption and producing smaller ciphertext size than CP-ABE in a resource constraint device [20]. We have implemented a prototype which is composed of BSN to collect vital signs from human body and a laptop to perform the encryption/decryption of patient's medical information.

2. BACKGROUND

In 1984, Shamir introduced a novel type of public encryption scheme called Identity-Based Encryption scheme (IBE) [21], which enable users to securely communicate, verify and exchange each other's signatures without any exchange of private or public keys. Thus, eliminates the need to keep key directories. Instead of generating a random pair of public/secret

key and made the public key known to everyone, the public key can be in a form of any arbitrary string. For example, names, home address, phone number, e-mail address and etc. provided that the user can be uniquely identified which he cannot later deny. In year 2001, Boneh and Franklin proposed the first secure and practical IBE [22] from the Weil pairing on elliptic curves.

In 2005, Sahai and Waters introduced a new type of IBE scheme called Fuzzy Identity-Based Encryption (FIBE) [23]. In IBE, identities are viewed as arbitrary strings. While in FIBE, identities are being viewed as a set of descriptive attributes. FIBE scheme allows a user with private key corresponding to a set of identity, ID to decrypt a ciphertext encrypted with the public key, ID' if and only if ID and ID' overlap each other by some distance metric, d . Therefore, FIBE system allows a certain amount of error-tolerance in the identities. The authors also mentioned on the application of FIBE termed as Attribute-Based Encryption (ABE). In an ABE system, a user's private key and ciphertext are labeled with a set of attributes. A particular private key can decrypt a particular ciphertext only if there is a match between the attributes of the user's private key and ciphertext.

After ABE was first introduced in the work of Sahai and Waters, in year 2006, Goyal et al. proposed the Key-Policy Attribute Based Encryption (KP-ABE) for fine-grained sharing of encrypted data [15]. Encryption of data usually limits the ability of encrypted data to be shared among different users. In other words, the encrypted data can only be selectively shared at a coarse-grained level. For example, in order to perform data decryption, user needs to give his/her private key to another party. This somehow allows another party to have all the access of the user's data. Another alternative, user can act as an intermediary to perform decryption on the relevant data but this method is arduous. Both approaches are not appealing as they are impractical and inefficient.

In KP-ABE, each ciphertext is labeled with a set of descriptive attributes, while the access structure is embedded in the user's private key. User is able to decrypt a ciphertext if the access structure embedded in the private key matches the descriptive attributes labeled in the ciphertext. Fine-grained sharing of encrypted data enables different authorized users to retrieve and decrypt ciphertext based on their access structure. KP-ABE scheme is able to grant different access rights to different users.

In year 2007, Bethencourt et al. provides the first construction of a ciphertext-policy attribute-based encryption (CP-ABE) scheme [17]. In

CP-ABE scheme, access structure is use in data encryption while the descriptive attributes are embedded in the user's private key. A user is able to decrypt the ciphertext if his descriptive attributes satisfy the access structure associated to the ciphertext. Table 1 summarizes the terminology definition in this section.

TABLE 1: Terminology List

Terminology	Definition	Example
Attributes	Identities of a person	Name, home address, e-mail address, identity number, phone number
Access Structure	A policy/structure to define an authorized person	{("Dept of Medical Services" AND "Specialist") AND ("Kuala Lumpur" OR "Penang") OR "Name: Dr. Jehovah"}
Private Key Generator	A trusted third party that handles the issuance of private keys	

3. IMPLEMENTATION

This section shows the implementation of our work. This section is divided into a few subsections; body sensor network, attribute-based encryption scheme, and our prototype setup.

3.1 Body Sensor Network

BSN is applicable to healthcare, well-being monitoring, sports and entertainment [24-26]. Different activities require different set of sensors. In our work, we focus on the healthcare applications by using BSN. The needs of healthcare applications are emanate from the increase of chronic diseases, aging population and early diseases prevention and detection.

BSN for healthcare application is dynamic. It can be used at anytime, anywhere and for anybody. It provides continuous medical information collections and transmissions on real time or non-real time basis to hospital server which helps the hospital personnel to diagnose the patients outside the hospital.

The BSN which we have implemented has four major components which are the processor, radio frequency transceiver, battery and sensor. It is designed to have three modules. The three modules are battery, sensor and BSN node. The BSN node consists of processor and radio frequency transceiver. The BSN is a stackable design to connect and interface between the modules. We have implemented two types of body sensor nodes which measure temperature and 3D motion. The BSN node can transmit and receive vital signs within the range of approximately 50 meters indoor. Figure 1 shows the body sensor node manufactured by Sensixa Ltd. Company[27].



Figure 1: Body Sensor Node

3.2 Attribute-Based Encryption Scheme (ABE)

Comparisons between KP-ABE and CP-ABE schemes are studied and analysed to determine their propriety in BSN [11]. Comparisons were conducted in terms of encryption efficiency/time, attribute and access structure's assignment, access control and hardware implementation.

In our work, we have intended to achieve a lightweight and secure encryption. In KP-ABE, encryption is performed by using descriptive attributes. Access structure is embedded in the private key which is issued by private key generator (PKG). In CP-ABE, encryption is performed by using the access structure. Descriptive attributes are embedded in the private key issued by PKG.

Encryption performs by using descriptive attributes has lower encryption complexity and shorter computation time than encryption to be performed by using access structure. Moreover, medical information is being encrypted at a continuous basis, while key generation for each authorized users is being generated once. Therefore, KP-ABE encryption scheme is more appropriate to be implemented in our work.

Patients are involved in the assignment of descriptive attributes or access structure with the assistance from medical agents. Assignment of descriptive attributes in KP-ABE for encryption purpose is much simpler and less time consuming than assignment of access structure in CP-ABE encryption. This is because a slight update mistake in the access structure would cause a complication in the entire encryption and decryption system.

Furthermore, in terms of access control, KP-ABE allows higher flexibility and efficiency in the modification of access control towards any authorized personnel compared to CP-ABE. This is because the updates made on the descriptive attributes are much simpler than updates made on access structure.

In KP-ABE, the encryption time is shorter and ciphertext size is smaller than CP-ABE. This is because the high complexity and processing work to embed the access structure in private keys are done by the PKG. However, for CP-ABE, the encryption computation time is longer and the ciphertext size is larger. Therefore, in terms of hardware implementation, KP-ABE is advantageous.

For our prototype, we have implemented the KP-ABE scheme as this scheme is more suitable than CP-ABE in terms of light weight and less power consumption [11]. In KP-ABE scheme as shown in Figure 2, attributes are labeled in the encrypted medical information (vital signs and patient's personal data). Access structure is embedded in the private key. The private key is issued by a trusted private key generator (PKG). This is an advantage of KP-ABE scheme where attributes label in the encrypted medical information can be easily created and altered. The tedious task of access structure creation and alteration is handled by professional PKG creator.

The KP-ABE scheme consists of four algorithms [15].

- Setup (1^k): The setup algorithm takes as input a security parameter, 1^k and outputs the public parameters, PK and a master key, msk which is known only to the private key generator (PKG).
- Encrypt (m, PK, γ): The encryption algorithm takes as input a message, m , a set of attributes, γ and the public parameters, PK . It outputs the ciphertext, c .

- Key Generation (PK, msk, γ): The key generation algorithm takes as input the public parameters, PK , the master key, msk and an access policy, γ . It outputs the private key, D .
- Decrypt (c, PK, D): The decryption algorithm takes as input the ciphertext, c which was encrypted under the set of attributes, γ , the public key parameter, PK and the private key, D for access control structure, γ . It outputs the message m if $\gamma \in \mathcal{A}$.

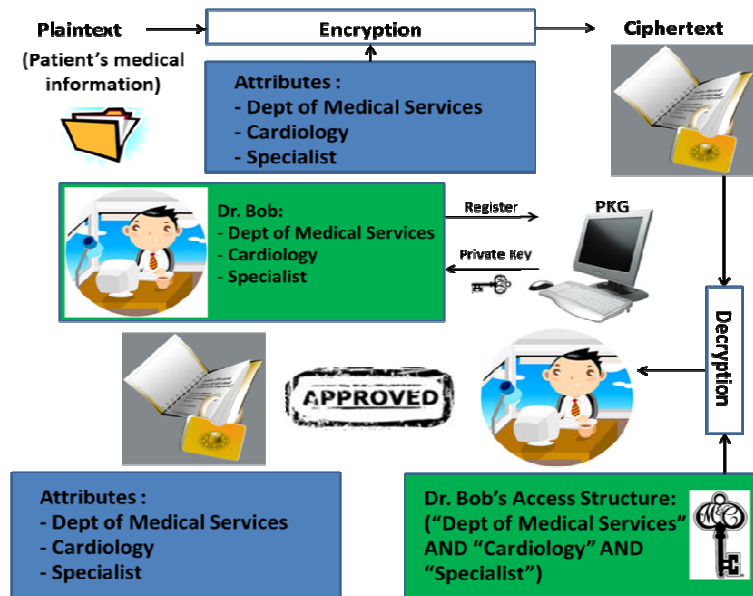


Figure 2: Key-Policy Attribute-Based Encryption and Decryption

3.3 Prototype Setup

We have attached the sensor nodes to the human body as shown in Figure 3 to collect temperature and 3D motion readings. The readings are transmitted to the BSN coordinator which is connected to a personal computer (PC). In the PC, KP-ABE encryption and decryption is performed.

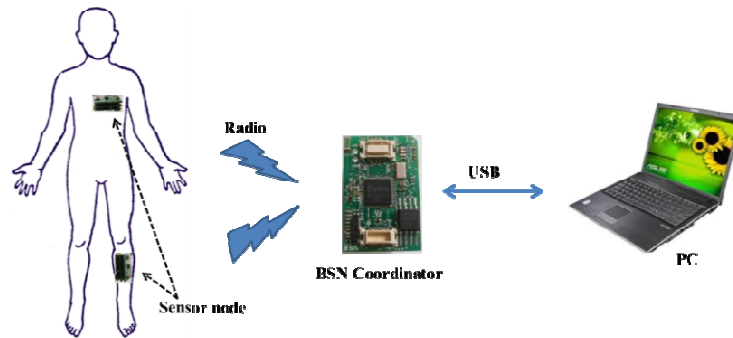


Figure 3: Prototype configuration

PC:

Send commands to, and receives vital signs from the BSN-network. Encrypt the vital signs using KP-ABE encryption.

BSN-coordinator:

Receives commands from, and sends vital signs to the laptop.

(i) Connection between BSN nodes and BSN coordinator

Vital signs are sent from sensor nodes to the BSN coordinator via radio transceiver – CC2420, as shown in Figure 4. The CC2420 is a single-chip 2.4 GHz IEEE 802.15.4 compliant RF transceiver with an effective data transfer rate of 250 kbps. It is designed for low-voltage and low-power wireless RF applications. The CC2420 provides hardware support for AES-128 based data encryption and data authentication.

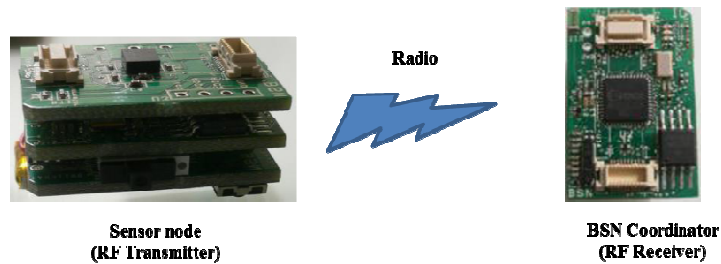


Figure 4: BSN-Network

RF Transmitter:

Toggles the red LED and send the vital signs in packet. Each packet contains a sequence number in the packet header, which increases by one after a packet is sent out.

RF Receiver:

Toggles the red LED and receives data packets sent from RF Transmitter and check their sequence numbers in the packet header.

(ii) Connection between BSN coordinator and PC

Vital signs sent from the sensor nodes will then be received by the BSN coordinator and be transmitted to the PC via universal serial bus (USB) as shown in Figure 5. In order to collect the vital signs, PC first sends out a request. The BSN coordinator will then transmit a message to all the BSN sensor nodes or only to the selected sensor nodes. When the BSN sensor nodes receive the message, they will then transmit the vital signs to the BSN coordinator. After that, through the USB connection, the PC will receive the vital signs. The number of nodes can be altered accordingly to accommodate the number of vital signs types require to be collected.

In our work, BSN sensor node 1 will retrieve the human body temperature, and BSN sensor node 2 retrieves the 3D motion of human body.

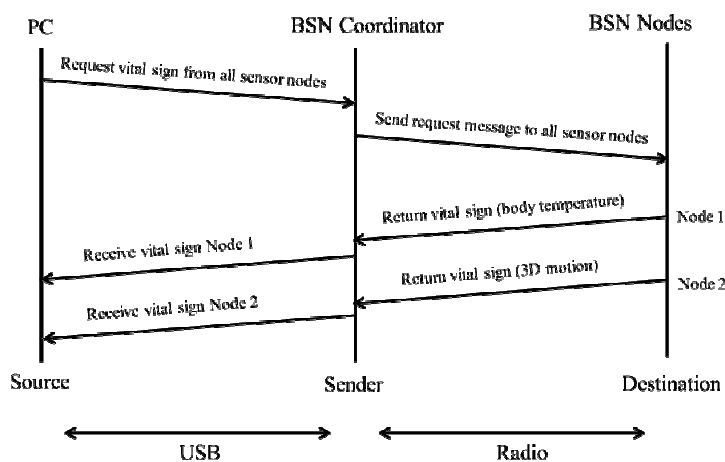


Figure 5: Connection between PC, BSN coordinator and sensornodes

3.4 KP-ABE Encryption in PC

Once the vital signs are sent to the PC, the PC will perform the KP-ABE encryption on the vital signs. In our implementation, we used the key-policy attribute-based encryption library (*libcelia*). It is a subroutine library implementing KP-ABE scheme and *kpa be* toolkit created by Yao Zheng [28].

Figure 6 illustrates the process flow of the encryption and decryption. Figure 9 shows the screenshot of correct encryption and decryption.

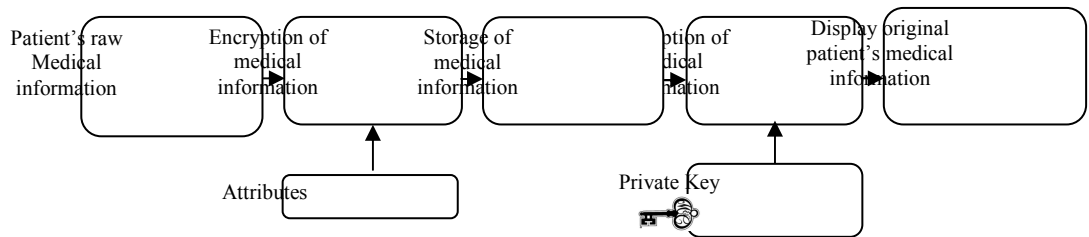


Figure 6: Diagram of Process Flow of Encryption and Decryption

- *kpabe-setup* : The setup algorithm generates system parameters, a public key, and a master secret key under set of attributes.
- *kpabe-enc*: Encryption algorithm encrypt medical information of patient under a set of attributes.
- *kpabe-keygen*: The key generation algorithm generates a private key and sends to the authorized medical operators.
- *kpabe-dec*: The decryption algorithm takes as input the encrypted medical information under a set of attributes, the public key parameters and the private key generated by *kpabe-keygen*. It then outputs the message original file if access structure embedded in the private key matched the attributes.

4. RESULTS OF EXPERIMENT

Section 4 shows the results of the experiment. The results shown are correct encryption and decryption as well as the incorrect encryption and decryption. We show 2 types of incorrect encryption and decryption; decryption using incorrect key and decryption using incorrect wording.

4.1 Correct Encryption and Decryption



Figure 7: Screenshot of correct encryption and decryption

Figure 7 shows the screenshot of the work. The vital signs are being encrypted with a set of attributes at the patient’s site and then sent to remote server site. In order to decrypt the encrypted vital signs, the access policy embedded in the private key must match the attributes encrypted in the vital signs.

4.2 Incorrect Encryption and Decryption

In this section, we show 2 results of incorrect encryption and decryption; decryption using incorrect private key and decryption using incorrect wording.

4.2.1 Decryption using incorrect private key

Original Data	Encryption
<pre> 1226.0, NaN, 1835.968017578125, 60161.0, 1735.0, NaN, 1885.0, NaN, 1216.0, NaN, 1935.577392578125, 63425.0, 1759.0, NaN, 1858.0, NaN, 1213.0, NaN, 2035.180767578125, 1153.0, 1767.0, NaN, 1885.0, NaN, 1222.0, NaN, 2134.796142578125, 4417.0, 1742.0, NaN, 1879.0, NaN, 1229.0, NaN, 2234.405517578125, 7681.0, 1758.0, NaN, 1890.0, NaN, 1231.0, NaN, 2334.014892578125, 10945.0, 1752.0, NaN, 1875.0, NaN, 1238.0, NaN, 2433.624247578125, 14209.0, 1753.0, NaN, 1891.0, NaN, 1217.0, NaN, 2533.233642578125, 17473.0, 1736.0, NaN, 1876.0, NaN, 1231.0, NaN, 2632.843017578125, 20737.0, 1776.0, NaN, 1888.0, NaN, 1207.0, NaN, 2732.452392578125, 24001.0, 1745.0, NaN, 1893.0, NaN, 1213.0, NaN, 2832.061767578125, 27205.0, 1705.0, NaN, 1889.0, NaN, 1235.0, NaN, 2931.671142578125, 30529.0, 1757.0, NaN, 1889.0, NaN, 1213.0, NaN, 3031.280517578125, 33793.0, 1761.0, NaN, 1881.0, NaN, 1224.0, NaN, 3130.889892578125, 37057.0, 1768.0, NaN, 1890.0, NaN, 1219.0, NaN, 3230.499267578125, 40321.0, 1722.0, NaN, 1903.0, NaN, 1216.0, NaN, 3330.108642578125, 43585.0, 1734.0, NaN, 1905.0, NaN, 1215.0, NaN, 3429.718017578125, 46849.0, 1743.0, NaN, 1898.0, NaN, 1212.0, NaN, 3529.327392578125, 50113.0, 1759.0, NaN, 1880.0, NaN, 1220.0, NaN, 3628.936767578125, 53377.0, 1751.0, NaN, 1890.0, NaN, 1222.0, NaN, 3728.546142578125, 56641.0, 1759.0, NaN, 1891.0, NaN, 1214.0, NaN, 3828.155517578125, 59905.0, 1754.0, NaN, 1890.0, NaN, 1221.0, NaN, 3927.764892578125, 63169.0, 1771.0, NaN, 1889.0, NaN, 1216.0, NaN, 4027.374267578125, 66433.0, 1765.0, NaN, 1894.0, NaN, 1203.0, NaN, 4126.983642578125, 69697.0, 1749.0, NaN, 1899.0, NaN, 1214.0, NaN, 4226.593017578125, 72961.0, 1744.0, NaN, 1872.0, NaN, 1227.0, NaN, 4326.202392578125, 76225.0, 1776.0, NaN, 1878.0, NaN, 1221.0, NaN, 4425.811767578125, 79489.0, 1761.0, NaN, 1885.0, NaN, 1218.0, NaN, 4525.421142578125, 82753.0, 1762.0, NaN, 1899.0, NaN, 1218.0, NaN, 4625.030517578125, 86017.0, 1736.0, NaN, 1895.0, NaN, 1234.0, NaN, 4724.639892578125, 89281.0, 1758.0, NaN, 1886.0, NaN, 1201.0, NaN, 4824.249267578125, 92545.0, 1756.0, NaN, 1878.0, NaN, 1228.0, NaN, 4923.858642578125, 95809.0, 1753.0, NaN, 1878.0, NaN, </pre>	<pre> gAN9cQAOwAYAAAbw2xpY3LxAVgJAAAACHUSFJFRSBhm0g VfDPKSBvcLaOT05FIFGfZCBGT1VSK5LxALgEAAAARK9VUnED SXEKEENaTPlNFdowJA3ne1jsUJ2zc00zYUJgdzHxbXNQn1FL SxdoNlPffM2hd0FBRnNW2I0ERTaFRaNNk0ThLdLdJnIUv ZLg5w4wdDdmd1BYaTLGU2FoTtgwD0U9cQVdWJIO6RnDdJZB YXN3Y0prT2w0U9rc2152nByH2Ns5Lo3Hk9r0ExpaePUnkNj RkozaVc1BX3JUVBNZKlWZHFnm1ozWU5La0NnMNRFK3NUVlVhQ NmJ0WhhaQ1FFPXEGZVdAAAVAFdpcQddc0geQ1ox0lp3cHBB S2ZyNjd1QmZrQnFNm1FPU1IrvkVrvvVvQ0JEMkUoYnJVaU9B Y3Fhemh3bU4RfZJZwL3MHZteFJpM0RNSURKNuXlQ3VhZnZI MkLteuXVUG3QT1xCUNaMjPnKsxzGtwcE12VF0VkvZybu54 bl96VldDRJ84VWo1V24vZlN1djdMbmJnVnd5Jr3cENUSEJa RhxSUI0bXdtV1JVOFpZ20M0YUFxhV1JdkJRUzhsQUE9cQpL MAUAAABUSFJFRXELXXEMKENaMtpvL29PY2d0RPFQME9WZVr ZChTMU1U0001dJRESUw0DBL0x3RGtY1N5t3krT0L1tk5k ZkJoYUQ1dCxbT3N196bLlnATLHV2t4bmx50DQrenXNQUE9 cQ1dWj16UkxT3hGT1Z0Nnt3RNs1WEY1dFp2c2VYVfhsRnRn RUFJNVVNTBqWjLrY1fCckZQbLrBZGRLaExuZntVMHJrOVU3 MHQBRWQ2VzUxRk5mdDd1TW9TTXdbPXEOZVgDAAAAT05FcQ9d cRAoQ1ox0kvX0D0U2TGLbbuZ0ZGo30EpmkH3S0h0zAzazR4 Ved3U0LjRUFKK3MvMFFqakIyeXg22EovQ1k4Wl9ZMtdCb3h3 MlpJbfl6Z00VM1RGOE9IOES0UzVBRT1XEUNaMjPcAExDDHAY chnpV1N1hLTVpHk3NZdEdnMDRTUG1uJEUVZ3hHOXB6vm9J Mnk3eGxDTFJWFBRCeO2L3N3ZLGYmpESC91bdJGmVpMkLl Yld1d59wZ0E9rJlD54= </pre>
Private Key	Decryption
<pre> gAN9cQAOwAYAAAbw2xpY3LxAVgJAAAACHUSFJFRSBhm0g VfDPKSBvcLaOT05FIFGfZCBGT1VSK5LxALgEAAAARK9VUnED SXEKEENaTPlNFdowJA3ne1jsUJ2zc00zYUJgdzHxbXNQn1FL SxdoNlPffM2hd0FBRnNW2I0ERTaFRaNNk0ThLdLdJnIUv ZLg5w4wdDdmd1BYaTLGU2FoTtgwD0U9cQVdWJIO6RnDdJZB YXN3Y0prT2w0U9rc2152nByH2Ns5Lo3Hk9r0ExpaePUnkNj RkozaVc1BX3JUVBNZKlWZHFnm1ozWU5La0NnMNRFK3NUVlVhQ NmJ0WhhaQ1FFPXEGZVdAAAVAFdpcQddc0geQ1ox0lp3cHBB S2ZyNjd1QmZrQnFNm1FPU1IrvkVrvvVvQ0JEMkUoYnJVaU9B Y3Fhemh3bU4RfZJZwL3MHZteFJpM0RNSURKNuXlQ3VhZnZI MkLteuXVUG3QT1xCUNaMjPnKsxzGtwcE12VF0VkvZybu54 bl96VldDRJ84VWo1V24vZlN1djdMbmJnVnd5Jr3cENUSEJa RhxSUI0bXdtV1JVOFpZ20M0YUFxhV1JdkJRUzhsQUE9cQpL MAUAAABUSFJFRXELXXEMKENaMtpvL29PY2d0RPFQME9WZVr ZChTMU1U0001dJRESUw0DBL0x3RGtY1N5t3krT0L1tk5k ZkJoYUQ1dCxbT3N196bLlnATLHV2t4bmx50DQrenXNQUE9 cQ1dWj16UkxT3hGT1Z0Nnt3RNs1WEY1dFp2c2VYVfhsRnRn RUFJNVVNTBqWjLrY1fCckZQbLrBZGRLaExuZntVMHJrOVU3 MHQBRWQ2VzUxRk5mdDd1TW9TTXdbPXEOZVgDAAAAT05FcQ9d cRAoQ1ox0kvX0D0U2TGLbbuZ0ZGo30EpmkH3S0h0zAzazR4 Ved3U0LjRUFKK3MvMFFqakIyeXg22EovQ1k4Wl9ZMtdCb3h3 MlpJbfl6Z00VM1RGOE9IOES0UzVBRT1XEUNaMjPcAExDDHAY chnpV1N1hLTVpHk3NZdEdnMDRTUG1uJEUVZ3hHOXB6vm9J Mnk3eGxDTFJWFBRCeO2L3N3ZLGYmpESC91bdJGmVpMkLl Yld1d59wZ0E9rJlD54= </pre>	<p>Error: cannot decrypt. attributes in ciphertext do not satisfy access structure</p>

Figure 8: Screenshot of encryption and decryption using incorrect private key

From the screenshot shown in Figure 8, the encrypted vital signs are being decrypted with an incorrect private key. The encrypted vital signs cannot be decrypted and the original vital signs cannot be reconstructed as the embedded access policy in the private key does not satisfy the attributes encrypted in the vital signs.

4.2.2 Decryption using incorrect wording

TABLE 2: KP-ABE Performance test results with incorrect wording

Correct attributes		Wrong attributes	Test results
Name of Doctor	Simon Peter	Simeon Peter	X
Expertise	Cardiology	Cardilojy	X
Department of medical service	Department of heart disease	Department of heard Disease	X
Name of hospital	Columbia	Columpia	X

X: original text was not reconstructed



Figure 9: Screenshot of private key generation failure due to incorrect wording

From the results shown in Table 2, the encryption will not be granted because of incorrect wording. Figure 9 shows the screenshot of encryption failure due to the incorrect wording usage. This is to ensure the correct descriptive attributes are used to perform the encryption.

5. CONCLUSION

We present the encryption/decryption prototype system to protect the captured vital signs and personal information of patients. This enables patients' medical data to be remotely monitored from the hospital insecured manner. Body sensor nodes are used in the system to capture vital signs from the human body. We demonstrate that, by using key-policy attribute-based encryption (KP-ABE), patients' medical information can be protected and be shared among different medical operators. Our work is a non-real time application. However, we are going to extend our system to real-time application for ubiquitous healthcare purposes. It provides flexibility for patients to collect their vital signs and perform encrypt at any time of the day and at any places according to their preferences.

Future work of this project is to connect the current system to a personal health record service provider (PHR). PHR will enable patients to store their encrypted vital signs from home and allow the medical information retrieval of healthcare providers in hospitals.

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