



Security Risk Analysis/Review Cover Sheet

Please complete the following checklist for your Security Risk Analysis (SRA)/Security Risk Review (SRR) by initialing next to all applicable responses and sign the attestation at the bottom of this form.

1) To meet my Meaningful Use objectives, I am:

_____ Submitting an SRA for the first time

-or-

_____ Submitting an SRR or update to a previously submitted SRA

2) _____ I have attached an SRA/SRR for all locations and or practices I have worked where certified EHR technology was utilized during the Meaningful Use reporting period.

3) _____ The attached SRA/SRR was prepared for the calendar year and is dated prior to the date of attestation. The SRA/SRR has not been used for previous program years.

4) _____ The attached SRA/SRR is signed by an individual authorized by the practice to adopt the findings contained therein.

5) _____ The attached SRA/SRR was conducted in accordance with the requirements of 42 CFR § 495.22(e). As such, the SRA/SRR adequately addresses the administrative, physical, and technical safeguards employed by my practice, in accordance with the requirements of 45 CFR § 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by certified electronic health record technology in accordance with requirements under 45 CFR § 164.312(a)(2)(iv) and 45 CFR § 164.306(d)(3), and including addressing any remediation or mitigation plan for deficiencies thereof.

By signing below:

1. I acknowledge that Executive Office of Health and Human Services (EOHHS) acceptance of my attestation for the EHR Incentive Payment Program does not confer approval of or otherwise signal the sufficiency of the contents of my SRA/SRR. However EOHHS may review the contents of my SRA/SRR at its discretion, including for the purpose of conducting pre- and post-payment audits.
2. I attest that to the best of my knowledge the foregoing representations about the attached SRA/SRR are true and accurate.

Signed: _____ Date: _____

Name (Printed): _____