



*Security Risk Analysis Attestation Form*

The Puerto Rico Medicaid Promoting Interoperability Program (MPIP) requires that Eligible Providers (EPs) and Eligible Hospitals (EHs), collectively Providers submit a signed Attestation form certifying they are aware of the specific requirements for Meaningful Use measures: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities for the Meaningful Use (MU). By signing this form below, I acknowledge, the EP and EH agrees with all the following statements:

- I am attesting to Meaningful Use (MU) for  Modified Stage 2  Stage 3
- I certify that I, or an external contractor working on my behalf has conducted a Security Risk Analysis as defined.
- The Security Risk Analysis (SRA) was conducted in accordance with the requirements of 42CFR § 495.22 (e). As such, the SRA 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 45CFR§164.312(a)(2)(iv) and 45 CFR§164.306(d)(3), and including addressing remediation or mitigation plan for deficiencies thereof.
- I understand the Puerto Rico Medicaid Promoting Interoperability Program may elect to review, verify and/or audit all information provided by me related to the SRA including for the purpose of conducting pre- and post-payment audits.
- I acknowledge the information submitted here is true, accurate and complete. I understand the Medicaid EHR incentive payments are federal funds. Any falsification or concealment of material may be prosecuted under Federal and Puerto Rico law.

**Date this Security Risk Analysis was completed: MM/DD/YY: \_\_\_\_\_**

Signed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_