

# Security Risk Analysis Attestation Form

The Puerto Rico Medicaid EHR Incentive Program (HITPIP) 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 the Meaningful Use (MU) Modified Stage 2.
- 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 45 CFR § 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 EHR Incentive 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_