

SECURITY RISK ANALYSIS (SRA) – Cover Sheet

Please include this completed document when you upload your SRA.

Clinic or Organization Name	
SRA Conducted/Reviewed for Attestation Year (2018, 2019; etc)	
Date Completed (within Attestation Year)	
Additional Comments	

Who in your organization was responsible for conducting and/or reviewing this Security Risk Analysis? *(Please include name, title, and contact information)*

Note: *The SRA review or completion date must be within the reporting year and the report must encompass the full reporting period.*