# SECURITY RISK ANALYSIS (SRA) – Cover Sheet

Please include this completed document when you upload your SRA.

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| **Clinic or Organization** |       |
| **Completed Date** |       |
| **Date Span SRA Covers \*\*** |       |
| **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 Objectives section reporting period.*