[Date] ß End of fieldwork

HITRUST Services Corp.

6175 Main Street, Suite 400

Frisco, TX 75034

In connection with our engagement to perform an assessment of [Assessed Entity]’s information protection controls compared with the HITRUST CSF® controls included in the scope of the assessment, we recognize that obtaining representations from us concerning the information contained in this report and the information regarding our information protection controls is a significant procedure in enabling you, HITRUST Services Corporation (“HITRUST”), to complete your portion of the engagement. Accordingly, we make the following representations to you and the recipients of your report regarding our information protection controls which are true to the best of our knowledge and belief:

* We acknowledge that, as members of management, we are responsible for the information protection controls implemented as required by the HITRUST.
* We have responded honestly, accurately and completely to all inquiries made to us during the engagement.
* We have made available to the HITRUST CSF External Assessor all records and necessary documentation related to the information protection controls included within the scope of this engagement.
* We have disclosed all design and operating deficiencies in our information protection controls which we are aware, including those for which we believe the cost of corrective action may exceed the benefits.
* No events or transactions have occurred or are pending that would have an effect on the assessment that was performed and used as a basis by HITRUST® for issuing this report.
* There have been no communications from regulatory agencies concerning noncompliance with or deficiencies regarding the information protection controls that are included within the scope of this assessment.

We understand that the engagement was conducted in accordance with the requirements outlined by HITRUST in performing assessments utilizing the HITRUST CSF. We also understand that evaluating the sufficiency of this report and the procedures performed are solely the responsibility of report recipients.

Regards,

Authorized Signature and Title