

## REPORTS

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*FIGURE 21-C-1 COMPLAINT REPORT (SAMPLE)*

<b>CONTRACTOR MONTHLY COMPLAINT REPORT TO THE REGIONAL DIRECTOR</b>						
<b>BENEFICIARY'S NAME</b>	<b>SPONSOR SSN</b>	<b>NATURE OF COMPLAINT</b>	<b>CONTRACTOR'S STEPS TO RESOLVE COMPLAINT</b>	<b>DATE OF INITIAL COMPLAINT</b>	<b>DATE OF EXPECTED RESOLUTION</b>	<b>DATE COMPLAINT RESOLVED</b>

**FIGURE 21-C-2 ANNUAL RISK ASSESSMENT LETTER OF ASSURANCE (SAMPLE)**

TRICARE Management Activity (TMA)/Contract Management  
16401 E. Centretch Parkway  
Aurora, Colorado 80011  
ATTN: Administrative Contracting Officer

Dear \_\_\_\_\_:

An annual risk analysis of all systems, policies, procedures and practices of (name of contractor) in effect during the year ended (date) was performed in accordance with requirements outlines in the TRICARE Operations Manual, [Chapter 21, Section 3](#), and the HHS HIPAA Privacy *Rule*.

The objectives of the risk analysis were to provide reasonable assurance that:

1. Review policies, procedures, processes and practices relating to privacy, and the uses and disclosures of PHI to ensure compliance with the requirements set forth in the TRICARE Operations Manual, [Chapter 21, Section 3](#).
2. Identify gaps between current policies and procedure relative to HIPAA Privacy requirements.
3. Determine areas of non-compliance and risk.
4. identify and document an action plan to correct deficiencies.

The results of the risk assessment, assurances given by appropriate (name of contractor) officials, and other information provided, indicate that the procedures and policies of (name of contractor) in effect during the year ended (date), comply with the requirements in the TRICARE Operations Manual, [Chapter 21, Section 3](#). The following action plans describe the risk identified during the annual assessment and the plan to correct deficiencies and achieve compliance. Please indicate "NONE" if the annual risk analysis did not identify weaknesses.

Attachment A to this statement contains (1) the (name of contractor) plans and schedules for correcting such weaknesses, and (2) the status of actions taken to correct weaknesses identified in prior years' reports.

Sincerely,  
Name, Title and Office

cc: Regional Director  
TMA Contracting Officer (CO)  
TMA Privacy Officer  
TMA Contracting Officers Representative (COR)

Enclosure(s) (if any)

**Note to Contractor**

- (1) If there are no material weaknesses, this sentence should be deleted, and there would be no list or Attachment A containing plans and schedules for correcting such weaknesses.
- (2) If there were no actions taken during the past year to correct weaknesses, or no identified weaknesses for which corrective actions remain to be taken, this phrase would be deleted.

**TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002**  
CHAPTER 21, ADDENDUM C  
REPORTS

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