

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) Anna B. Rios	Title (Type or Print) Eligibility Specialist
County Hidalgo	Telephone Number (Including Area Code) (956)632-6586

The following agreement exists to ensure confidentiality, integrity, and continuity of information resources. This agreement applies to all information accessed through the Automated Inquiry System (AIS) or Texas Medicaid & Healthcare Partnership (TMHP).

Please read the following agreement thoroughly. Complete, sign, and date this form. Keep a copy for your records. Return the original to the Texas Department of State Health Services, County Indigent Health Care Group Y- 990, PO Box 149347 Austin, TX 78714-9347.

I understand and agree that I may receive client-sensitive information from AIS/TMHP.

I understand and agree that I will use only AIS/TMHP to obtain the status of Medicaid eligibility dates in regards to the County Indigent Health Care Program.

I understand and agree that I will use only the assigned County Provider Identifier number to access AIS/TMHP.

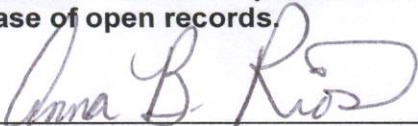
I understand the importance of confidentiality and agree to keep any information received confidential.

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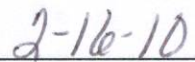
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I understand and agree that any questions concerning the appropriateness of the release of data will be processed according to DSHS policies and procedures for release of open records.



Staff Member's Signature



Date

County Judge Signature

Date

April 2008

18735

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) LAURA VILLA	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-969-5587

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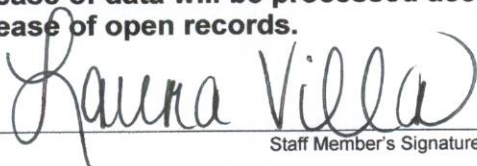
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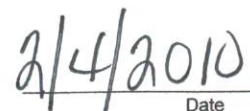
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Staff Member's Signature


Date

County Judge Signature

Date

051381

April 2008

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) JUAN RODRIGUEZ	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-661-2441

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	_____ Staff Member's Signature	2-10-10 _____ Date
	_____ County Judge Signature	_____ Date

April 2008

157724

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) <p align="center">Maricela G. Cerda</p>	Title (Type or Print) <p align="center">Eligibility Specialist</p>
County <p align="center">Hidalgo County</p>	Telephone Number (Including Area Code) <p align="center">956-971-5645</p>

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Maricela G. Cerda

 Staff Member's Signature

2-10-10

 Date

 County Judge Signature

 Date

April 2008

147692

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) ANA SALINAS	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-323-1980

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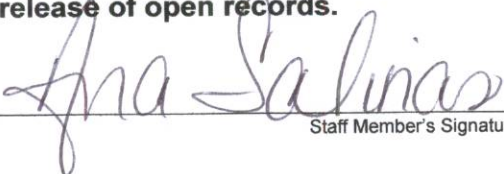
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Staff Member's Signature


Date

County Judge Signature

Date

052698

April 2008

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) MIRIAM GONZALEZ	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-318-2087

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Miriam Gonzalez

Staff Member's Signature

2/5/10

Date

County Judge Signature

Date

April 2008

138932

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) NORMA SALDANA	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-318-2087

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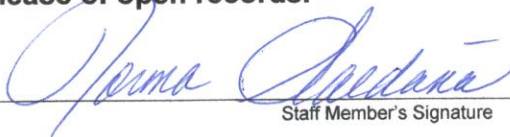
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Staff Member's Signature



Date

County Judge Signature

Date

065 455

April 2008

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) XAVIER GARCIA	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-682-0824

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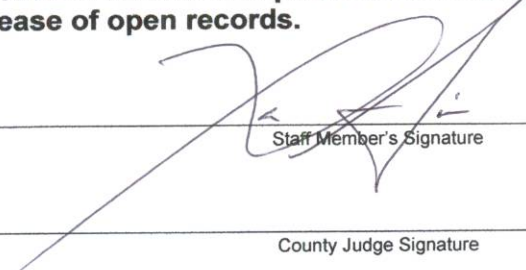
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 Staff Member's Signature	2-4-10 Date
County Judge Signature	Date

April 2008

083194

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) JOSE GARCIA	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-682-0824

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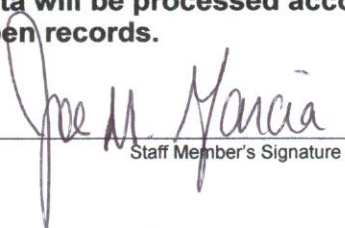
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Staff Member's Signature

2/8/10
Date

County Judge Signature

Date

078433

April 2008

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) MAYRA CANTU	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO	Telephone Number (Including Area Code) 956-682-0824

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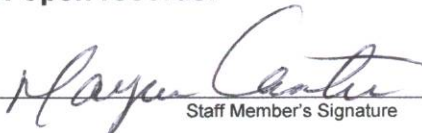
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Staff Member's Signature


Date

County Judge Signature

Date

April 2008

147958

**County Indigent Health Care Program
Confidentiality Agreement**

Staff Member's Name (Type or Print) JORGE E. GARCIA	Title (Type or Print) ELIGIBILITY SPECIALIST
County HIDALGO COUNTY	Telephone Number (Including Area Code) (956) 318-2011

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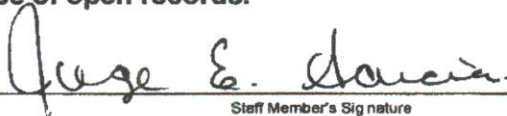
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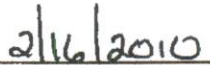
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Staff Member's Signature



Date

County Judge Signature

Date

April 2008

160849