

**County Indigent Health Care Program  
Confidentiality Agreement**

Staff Member's Name (Type or Print) <b>VICTORIA CAVAZOS</b>	Title (Type or Print) <b>ELIGIBILITY SPECIALIST II</b>
County <b>HIDALGO</b>	Telephone Number (Including Area Code) <b>956-318-2011</b>

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.**

**I agree not to disclose any information to anyone or allow anyone to use this information.**

**I understand that I am responsible for my actions and the actions of any county staff member who may receive this information and who is under my direct control and supervision.**

**I understand and agree that in the event of an audit by Health and Human Services Commission (HHSC) and/or Texas Department of State Health Services (DSHS), the County will make available all documentation regarding Medicaid Reimbursement upon request.**

**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

4/28/15  
\_\_\_\_\_  
Date

\_\_\_\_\_  
County Judge Signature

\_\_\_\_\_  
Date