

As a contractor for Behavioral Health Services of the Health and Human Services Commission (HHSC), I hereby attest to the following:

No unauthorized personnel (current or former) have access to any Health and Human Services database that may be utilized in conducting business with HHSC.

We have removed access for all users who are no longer authorized to access secure data, and have removed access to aforementioned databases for all former employees, contracted labor and subcontractors of our agency.

We have implemented and maintain a system for management of user accounts/user roles for the purpose of ensuring that all the user accounts are current.

We maintain a security policy that ensures adequate system security and protection of confidential information and understand that I may be required to submit such document to HHSC for review.

We shall notify the HHSC utilizing this Form within 10 business days of any change to the designated Security Administrator or the back-up Security Administrator. In addition we shall notify CMBHS Helpdesk at 1-866-806-7806 of any changes to the designated Security Administrator or the back-up Security Administrator.

In accordance with the Contract, the CMBHS Security Attestation Form will be submitted to HHSC by September 15 and March 15 of each fiscal year. Information to be submitted via e-mail in PDF format to the following e-mail address: SubstanceAbuse.Contracts@dshs.state.tx.us and a copy to the assigned contract manager.

Executive Director (signature)	
Date	

Add additional lines as needed