

Conflict of Interest Notification

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004) If you would like HHSC to correct information about you that is incorrect, please contact your supervisor or agency human resources office.

| | |
|------------|-----------------|
| Staff Name | Supervisor Name |
|------------|-----------------|

This notice is to advise the first-line supervisor of a potential conflict of interest. The nature of the potential conflict involves:

- Provider or Provider Employee (name): _____
- Individual or Applicant (name and SSN): _____
- Other (name): _____

Nature of the potential conflict:

This notice is to document that there is no conflict of interest.

- No conflict of interest exists.

Signature – Staff

Date

Supervisory Review

- There does not appear to be a conflict of interest. No further action is necessary.
- There appears to be a conflict of interest. Staff must take the following steps:

Signature – First-line Supervisor

Date

Approval Signature – Second-line Supervisor

Date