# Form K

**SECURITY ADMINISTRATOR ATTESTATION**

I hereby attest to the following:

No unauthorized personnel (current or former) employed by Contractor have access to any Health and Human Service (HHS) database, that may be used in conducting business with HHSC.

Access for all users who are no longer authorized to access HHS databases has been removed, including for all Contractor’s former employees.

A system for management of user accounts and user roles for the purpose of ensuring that all the user accounts are current has been developed and is being implemented by Contractor.

A written security procedure that ensures adequate system security and protection of confidential information has been developed and maintained by Contractor, and I acknowledge that Contractor may be required to submit the policy to HHSC for review.

If any changes are made to the designated Security Administrator or the back-up Security Administrator, Contractor shall notify the HHSC Contract Manager using this Form no later than 10 business days after the change has been made.

The name, address and phone number for Security Administrator Personnel for my agency are:

Primary: Name:

Address:

Phone #:

Email:

Secondary: Name:

Address:

Phone #:

Email:

This form is due in accordance with Information Item S. Information should be submitted via e-mail to the following e-mail address: [performance.contracts@hhsc.state.tx.us](mailto:performance.contracts@hhsc.state.tx.us) and a copy to your HHSC contract manager.

Executive Director: Date:

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