# Form K

# SECURITY ADMINISTRATOR ATTESTATION

I hereby attest to the following:

No unauthorized personnel (current or former) employed by Contractor have access to any **Department of State Health Services (DSHS) database, or Texas Health and Human Services Commission (HHSC) database, that may be used in conducting business with the DSHS.**

**Access for all users who are no longer authorized to access DSHS and/or HHSC 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 DSHS for review.**

**If any changes are made to the designated Security Administrator or the back-up Security Administrator, Contractor shall notify the DSHS** 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@dshs.state.tx.us **and a copy to your DSHS contract manager.**

Executive Director:                      Date: