

I understand and acknowledge that, in interacting with the Teacher Retirement System of Texas (TRS) and its contractors, including Blue Cross and Blue Shield of Texas (BCBSTX), I will have access to protected health information that is confidential under both federal and state law. "Protected health information" (PHI) includes information that can be used to identify a TRS-ActiveCare member, and which TRS or my employer created or received about a TRS-ActiveCare member's past, present, or future health or condition, the provision of health care to the member, or the payment for this health care. I understand that my disclosing PHI without a proper written authorization from the person whose information I am disclosing, except for purposes directly related to the operations of TRS-ActiveCare, including eligibility verification and changes to member status, may be a violation of state and/or federal law. By signing this Confidentiality Agreement, I agree that I will not use or disclose PHI except for TRS-ActiveCare purposes. I also agree that I will take all reasonable precautions to ensure that unauthorized persons cannot access or view PHI at my desk or on my computer. Further, I understand and agree that the login ID and password issued to me for access to TRS-ActiveCare program information cannot be used by anyone else. I agree that only I will use the login ID and password assigned to me and not share the login ID and password with anyone else. I also agree that I will use the login ID and password solely for purposes of the TRS-ActiveCare program.

Signature: _____ Date: _____

TRS Reporting Number _____ District/Entity Name: _____