



Colorado Department of Health Care Policy and Financing

Medicaid Mental Health Advisory Committee

As a member of the Colorado Department of Health Care Policy and Financing, Medicaid Mental Health Advisory Committee, I hereby agree to the following:

I agree to actively participate in Medicaid Mental Health Advisory Committee discussions and attend regularly scheduled meetings.

I understand that the Department of Health Care Policy and Financing (the Department) is ultimately responsible for any consumer information the Department shares with Medicaid Mental Health Advisory Committee members.

I agree to adhere to the Department's interpretation of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations and agree to limit my use of records/and or information concerning Colorado Medical Assistance Program consumers to the purposes directly connected with the Medicaid Mental Health Advisory Committee responsibilities.

I agree to not make unauthorized use/disclosure of, or knowingly permit unauthorized access by others to, consumer records and/or information.

I agree to take all reasonable steps to ensure safeguards are in place to protect the security of protected health information.

If I am a consumer, I understand that Medicaid Mental Health Advisory Committee meetings are open to the public. Any personal information I share during a Medicaid Mental Health Advisory Committee meeting will not be considered private or confidential. I understand that names of committee members will be disclosed and available to the public.

I understand that any violation of this Statement may be cause for sanction, including but not limited to dismissal from the Medicaid Mental Health Advisory Committee.

I understand that the Department reserves the right to edit/update this Statement at any time.

Name (please print): _____

Signature: _____ **Date:** _____