

Health Care Collaborative Officers and Directors Page

(Full name of Health Care Collaborative)

A. Officer Information

Officer **(State Full Legal Name)	*Social Security Number	Title	Date First Appointed or Elected
		Chief Executive Officer	
		President	
		Executive Director	
		Secretary	
		Treasurer	
		CFO or Controller	
		Chief Operating Officer	
		Clinical Director	

B. Governing Board Information

Governing Board Member † **(State Full Legal Name)	*Social Security Number	Physician (Yes or No)	Date First Appointed or Elected

Use reverse side for additional space

* Disclosure of your social security number is required by Texas Family Code § 231.302. It will be maintained as part of your license file. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.

** Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous year.

† Health Maintenance Organizations (HMO) must also include Partners.

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.