

The University of Texas Health Science Center at San Antonio

**NOTICE FOR VOLUNTARY DISCLOSURE OF
SOCIAL SECURITY NUMBER**

School of Medicine Residents

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas Health Science Center at San Antonio (UTHSCSA) to provide accurate information to the Accreditation Council of Graduate Medical Education (ACGME) for the purpose of tracking the educational progress of the residents, to provide accurate information to affiliated hospitals for Medicare reporting, and to submit a roster of residents to the Texas Higher Education Coordinating Board. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in the inability of ACGME to make important accreditation decisions regarding UTHSCSA's residency programs; may result in your being denied the opportunity to complete clinical rotations; and, may result in the institution's not being considered for funds allocated for Graduate Medical Education. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to:
The Office of the Vice President/Chief Financial Officer
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900
By e-mail to: PublicInfo@uthscsa.edu
By fax to: (210) 567-7027
In person at: Academic and Administration Building, Room 442

CONSENT FOR RELEASE

I **consent** for the release of my social security number for the stated purposes above.

Print Name: _____

Signature: _____

Date: _____

Please return form to
Graduate Medical Education * 7703 Floyd Curl Drive MC 7790 * San Antonio, Texas 78229-3900