

ATTACHMENT E – PART II

DEPARTMENT OF HEALTH CARE SERVICES

NOTIFICATION OF CHANGE TO CUSTODIAN INFORMATION

In order to secure data and documents that reside in the California Department of Health Care Services (DHCS) Medi-Cal system of records, to ensure the integrity, security, and confidentiality of such data and documents, and to permit only appropriate disclosure and use as may be permitted by law, DHCS entered into a Data Use Agreement (DUA) with the following User:

User Name: _____

User NPI: _____

This form shall be used to notify DHCS when the named custodial entity changes contact information and/or when the name of the person acting as custodian for a custodial entity has changed.

The custodian information in Section 3 of the DUA has changed. The updated section is as follows:

Name of Custodian of Files: _____

Title/Component: _____

Company/Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____