

Consent for Electronic Service of DHCS Audit Reports

1. _____ (Provider), _____ (National Provider Identifier (NPI)), or as documented on Attachment A, hereby gives the Department of Health Care Services (DHCS) consent to electronically serve audit reports as set forth below (Consent).
2. Provider agrees that DHCS may serve audit reports to Provider electronically as set out in this Consent and not via personal service, registered mail, or any other physical delivery service. DHCS will electronically submit audit reports to Provider's email address via DocuSign or other secure methods, which timestamps the sending, viewing, and signing of audit reports. Provider agrees that this procedure constitutes adequate service of process, and that Provider will be deemed to have received and served with the audit report(s) on the date DHCS electronically submits the audit report(s) to Provider.
3. Provider intelligently, voluntarily, and knowingly waives its rights under Cal. Gov. Code § 11505; Cal. Health & Safety Code § 100171; and any other federal and state constitutional rights, statutes, regulations, and other authorities to the extent that they do not permit service of audit reports from DHCS to Provider solely via electronic means. Provider understands that this Consent is voluntary, exists for the convenience of both parties, and is not required as a condition to participate in the Medi-Cal program.
4. The electronic service email address can only be the Provider's email address. We cannot accept generic email addresses as the electronic service email address. Provider agrees that DHCS may send audit report(s) to the service email address below:
Provider Email Address: _____
Provider Employee & Title: _____
Provider must notify DHCS of a new electronic service email address at least 30 days before ceasing to use the existing service email address at LEAAuditQuestions@dhcs.ca.gov.
5. Provider agrees that while DHCS is only required to send audit reports to the service email address to complete service, Provider may list up to four (4) associates with titles and email addresses for courtesy copies, including representatives:
 1. Name: _____ Email: _____
Title: _____
 2. Name: _____ Email: _____
Title: _____
 3. Name: _____ Email: _____
Title: _____
 4. Name: _____ Email: _____
Title: _____

Provider may provide associate alterations to the DHCS email address set out in Paragraph 4. The 30-day requirement in Paragraph 4 does not apply to associates.

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6. This Consent will remain in effect until the completion of the audit of fiscal period ending _____. The provider can rescind consent by providing written notice to DHCS at the email address specific in Paragraph 4.

The rescission will be effective 30 days after DHCS' receipt of the notice.

7. Any subsequent consent signed by Provider for electronic service of DHCS audit reports shall terminate and entirely supersede this Consent.
8. The Provider has carefully read and fully discussed or had the opportunity to thoroughly discuss this Consent with counsel and understands the significance and consequences of this Consent.
9. The undersigned warrants they have the legal authority to sign this Consent on Provider's behalf and is an officer or employee of the Provider.
10. The Provider agrees that a faxed, scanned, or electronically signed Consent has the same force and effect as an original.

Provider's Authorized Officer or Employee Signature

Date

Signer's Printed Name

Signer's Title

Provider Name