

## CONSENT TO ELECTRONIC SERVICE AGREEMENT

**Return the completed form to the address below:**

Licensing and Certification Division  
SUD Licensing and Certification Section  
P.O. Box 997413, MS 2600  
Sacramento, California 95899-7413  
**Email:** [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov)

Dear Provider:

### 1. Electronic Service Consent

The Department of Health Care Services (DHCS) - Licensing and Certification Division (LCD) allows DHCS licensed facilities and/or certified programs (the Provider) to receive documents electronically to expedite document services.

By signing this Agreement, the Provider agrees to receive communications, notices, documents, and other information electronically from DHCS - LCD regarding the facilities/programs listed in section 4 of this agreement.

The Provider acknowledges that electronic communication is an acceptable form of service and agrees to receive such communications electronically in accordance with the terms of this Agreement. Please review, complete section 4, sign, and return this Agreement to [LCDQuestions@DHCS.CA.gov](mailto:LCDQuestions@DHCS.CA.gov).

### 2. Provider's Email Preferences

As part of this Agreement, the Provider can specify the email address(es) to which electronic documents and communication shall be sent. The Provider agrees to provide an accurate and up-to-date email address(es) for this purpose.

### 3. Delivery of Electronic Communications

LCD agrees to deliver electronic documents and communications, such as notices, invoices, updates, and policy changes. These electronic documents will be sent to the designated email address(es) provided by the Provider (below).

The Provider acknowledges and accepts responsibility for ensuring the accuracy and security of the designated email address(es) when receiving electronic documents and communication.

By signing this Agreement, the Provider agrees that they will have access to the designated email address(es) provided below. The Provider also agrees that they may not receive any further communication via Certified mail, including but not limited to the following documents:

- A. License and/or Certification Report
- B. Notice of Incomplete Application
- C. Notice of Deficiency
- D. Notice of Civil Penalty Accruing
- E. Notice of Civil Penalty Assessment
- F. Notice of Final Adjudication
- G. Denial letters

This Agreement may be modified or amended, any modifications to this Agreement shall be made in writing and signed by the Program Director or Authorized Administrator.

**4. Provider’s Information**

The following section is for the provider to complete.

<b>First and Last Name of Director / Authorized Administrator:</b>	
<b>Provider’s Primary Email Address:</b>	
<b>Provider’s Secondary Email Address:</b>	
<b>Signature of Director / Authorized Administrator:</b>	<b>Date of Signature:</b>

<b>License and/or Certification Number:</b>		
Facility/Program Name:		
Facility/Program Address:		
City:	State: CA	Zip Code:
<b>License and/or Certification Number:</b>		
Facility/Program Name:		
Facility/Program Address:		
City:	State: CA	Zip Code:
<b>License and/or Certification Number:</b>		
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