

Enrollment to Emailing

Authorization to Purchase Services and Remittance Advices

Agreement to receive Authorization to Purchase Services through Email

As a Service Provider for clients of Redwood Coast Regional Center (RCRC), my signature certifies that I have read, understand, and agree to the following terms and conditions for receiving Purchase of Services Authorizations and Remittance Advices by e-mail in lieu of mail. I understand that the authority to receive authorizations and Remittance Advices by e-mail is conditional upon compliance with the following terms and conditions:

1. Service Provider agrees E-mails must be checked on a regular basis to ensure authorizations and remittance advices are retrieved in a timely manner.
2. Service Provider agrees to notify RCRC in writing for a request to change the email address to send the authorizations and remittance advices. Change requests for new email addresses will not be accepted by telephone.
3. Service Provider agrees to comply with any notices, bulletins and/or Directives provided by a Regional Center regarding the e-mailing of authorizations and remittance advices.
4. Service Provider agrees to comply with Welfare and Institutions Code Section 4514, Health Insurance Portability and Accountability Act (HIPPA), and all other applicable state and federal statutes and regulations regarding confidentiality of client information
5. Service Provider accepts this agreement is conditional and may be terminated at any time at the sole and absolute discretion of the RCRC with or without cause. Upon termination of this agreement, RCRC agrees to provide authorizations and remittance advices by mail or other methods as determined by RCRC.
6. This agreement shall be effective upon receipt by RCRC of this signed agreement.
7. Service Provider agrees to assume the responsibility and liability for all e-mailed authorizations and remittance advices.

Service Provider Name

Service Provider Number (SPN)

E-mail address to send Authorization to Purchase Services:

E-mail address to send Remittance Advices: (This can be different than the one above.)

Name of Authorized Representative:

Title:

Signature of Authorized Representative:

Date:

To be completed by Regional Center staff

Approved at Regional Center by

Date: