

CalHHS CalHHS Data Sharing Agreement Signing Portal

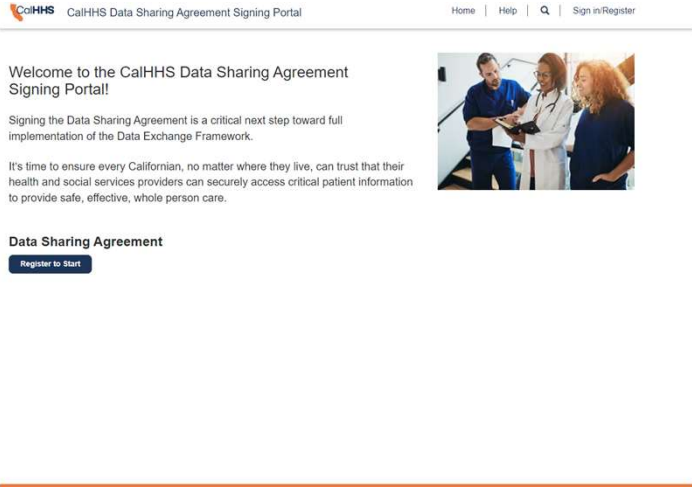
Website: [Home Data Exchange Framework Signing Portal \(powerappsportals.com\)](https://powerappsportals.com)
 User Instructions: [Help Data Exchange Framework Signing Portal \(powerappsportals.com\)](https://powerappsportals.com)

Presented by: IEHIO

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1) Navigate to the CalHHS Data Sharing Agreement Portal

- Website: [Home Data Exchange Framework Signing Portal \(powerappsportals.com\)](https://powerappsportals.com)



The screenshot shows the CalHHS Data Sharing Agreement Signing Portal website. The header includes the CalHHS logo and navigation links for Home, Help, Search, and Sign in/Register. The main content area features a welcome message, a brief explanation of the Data Sharing Agreement's importance, and a 'Data Sharing Agreement' section with a 'Register to Start' button. A photograph of three healthcare professionals is also visible on the right side of the page.

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2) At the portal, click REGISTER TO START.

- Click Register to Start

CalHHS CalHHS Data Sharing Agreement Signing Portal

Home | Help | Search | Sign in/Register

Welcome to the CalHHS Data Sharing Agreement Signing Portal!

Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework.

It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care.

Data Sharing Agreement

Register to Start

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3) Sign in or Sign up

- If a returning user, enter your name and password.
- As a first-time user, click the link Sign Up Now.

Sign in

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

Sign in

Don't have an account? [Sign up now](#)

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4) Signing up

- Enter your email and click Send Verification Code.
- Check your email and enter the code in the portal.
- Click verify code.
- Create a password containing upper- and lower-case text and either symbols or numbers.

< Cancel

User Details

Verification code has been sent to your inbox. Please copy it to the input box below.

rvaldez@iehio.org

Verification Code

Verify code Send new code

New Password

Confirm New Password

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5) Signing up Continued

- Enter your name
- Enter the legal name of the organization that will be signing the DSA
- Enter your job title and your phone number
- Click Create
- You will now go to the DSA Signing Portal. You will also receive a welcome message from CalHHS in your email account.

Given Name

Surname

Organization (Legal Business Name)

Job Title

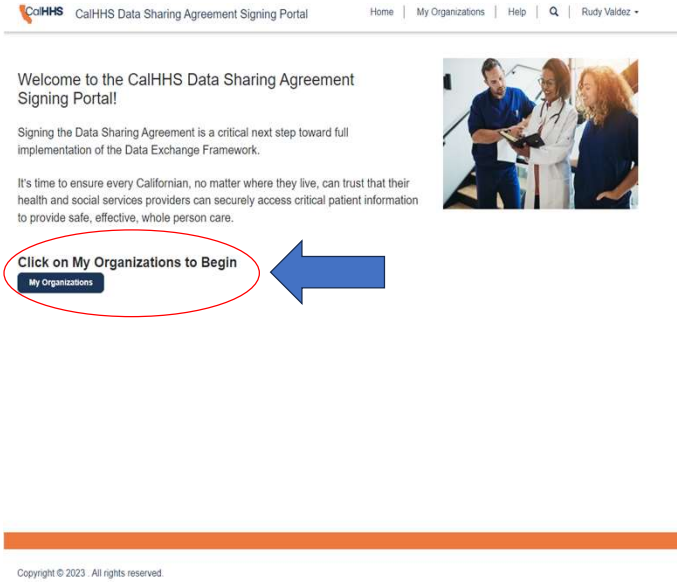
Phone Number

Create

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6) DSA Signing Portal

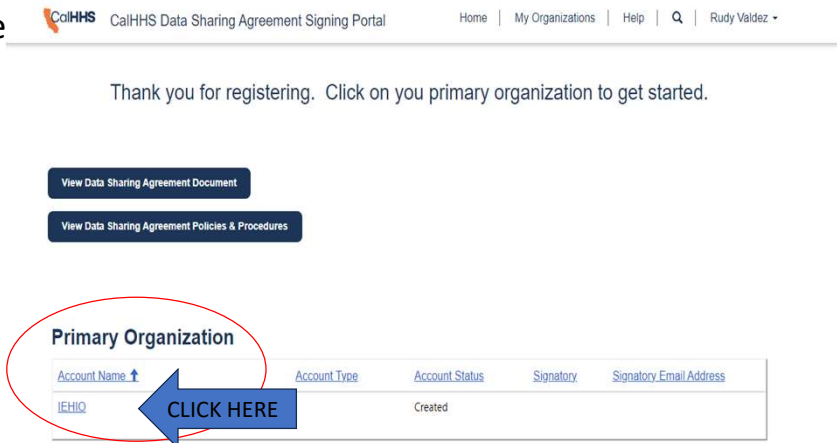
- The portal will show your name in the upper right corner
- Click on My Organizations to begin.



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7) DSA Signing Portal Continued

- You will see the name of the organization that you entered upon registering.
- Click on that link to proceed.



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8) DSA Signing Portal Informational

You have two options for the organizations to which the signed DSA applies:

- It may apply to your organization alone.
- It may apply to your organization and all subordinate organizations. Subordinate organizations are facilities that are part of a parent organization where the signatory of the parent organization has authority to sign on their behalf. For example, the CEO of a health system might be authorized to sign on behalf of multiple hospitals and medical groups.
- If your organization has no subordinate organizations or facilities, but qualifies for more than one type, enter each type as a subordinate organization with the type and license number/EIN. If you have subordinate organizations and one would qualify as two organization types, enter it as two suborganizations with the name, type, and license number/EIN as applicable.

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DSA Signing Portal Informational Continued

- To enter Type and Subtype, click on the magnifying glass to the right of that field (the search icon) to bring up the table for selection. See the Type list at the end of these instructions.
- NOTE: Nothing in this Type list implies that the listed types are required to sign, nor is the list intended to expand on legislative language or expand the list of required signatories. These types are being collected solely to assist evaluation and tracking of the mandatory and voluntary signatories of the DSA.

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9) DSA Signing Portal Continued

- Enter the requested information and select Save.
- Be sure to list the Type that applies to your organization.
- Enter EIN and/or CA License Number as applicable.
- Select “Self” if you will be signing the DSA
- Please verify all data for accuracy before signing, including the legal business name.

CalHHS CalHHS Data Sharing Agreement Signing Portal Home | My Organizations | Help | Q | Rudy Valdez -

Primary Organization Information

Enter the requested information and select Save.

Be sure to list the Type that applies to your organization. Enter EIN and/or CA License Number as applicable. Nothing in this Type list implies that the listed types are required to sign, nor is the list intended to expand on legislative language or expand the list of required signatories. These types are being collected solely to assist evaluation and tracking of the mandatory and voluntary signatories of the DSA.

Select “Self” if you will be signing the DSA, or “Other” to enter information on another organizational official authorized to sign. An example for using “Other” Signatory is if you are an administrator registering in this portal but the DSA will be signed by the President or CEO.

Please verify all data for accuracy before signing, including legal business name.

[Back to My Organizations](#)

Details	Status
<p>Organization Name *</p> <p>EHD</p> <p>Do you have subordinate organizations? *</p> <p>Type</p> <p>EIN</p> <p>Valid EIN consists of a 9-digit number with no hyphens or spaces (ie. 123456789)</p> <p>CA License Number</p> <p>Valid CA License Number consists of a 5-9 digit number with no characters, hyphens or spaces (ie. 123456)</p>	<p>Created</p> <p>Signatory</p> <p>Signatory *</p>

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10) DSA Signing Portal Continued

- Fill in the complete mailing address
- If Signatory is (Other)
 - Select “Other” in the drop-down to enter information on another organizational official authorized to sign.
 - An example of using an “Other” Signatory is if you are an administrator registering in this portal, but the DSA will be signed by the President or CEO.
- Please verify all data for accuracy before signing, including the legal business name.

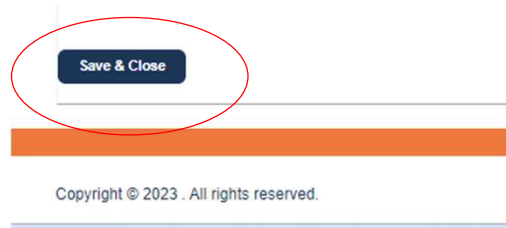
Details	Status
<p>Organization Name *</p> <p>EHD</p> <p>Do you have subordinate organizations? *</p> <p>Type</p> <p>EIN</p> <p>Valid EIN consists of a 9-digit number with no hyphens or spaces (ie. 123456789)</p> <p>CA License Number</p> <p>Valid CA License Number consists of a 5-9 digit number with no characters, hyphens or spaces (ie. 123456)</p>	<p>Created</p> <p>Signatory</p> <p>Signatory *</p> <p>Other</p> <p>Signatory (Other)</p> <p>First Name *</p> <p>Last Name *</p> <p>Email Address *</p> <p>Phone Number *</p> <p>Provide a telephone number</p> <p>Title *</p>
<p>Mailing Address</p> <p>Street 1 *</p> <p>Street 2 *</p> <p>City *</p> <p>State/Province *</p> <p>CA</p> <p>ZIP/Postal Code *</p>	

[Save & Close](#)

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11) DSA Signing Portal Continued

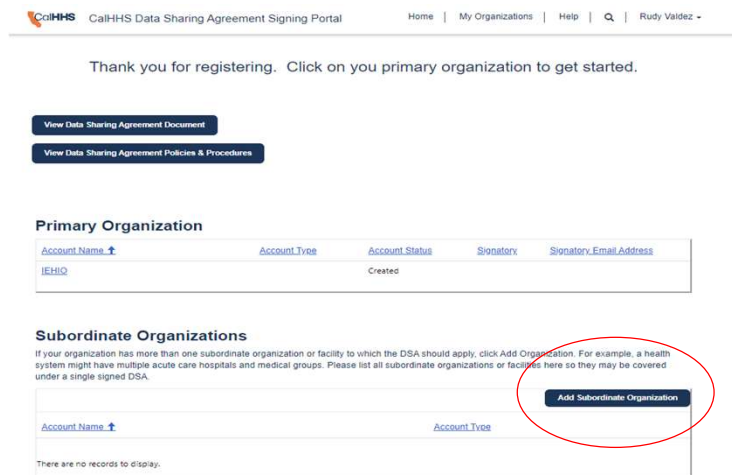
- Once you have filled in the required information for the Primary Organization (this is the parent organization for organizations with subordinate organizations) and the Signatory. Click SAVE & CLOSE



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12) DSA Continued- Subordinate Organization

- Go back to My Organizations
- Now add SUBORDINATE ORGANIZATIONS.
 - Select Add Subordinate Organization



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13) DSA Continued- Subordinate Organization

- Enter the required information for each.
- You may add as many as needed.
- Once the required information is entered **Press Submit**

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Subordinate Organization Information

Enter the requested information and select Save.

Be sure to list the Type that applies to your organization. Enter EIN and/or CA License Number as applicable. Nothing in this Type list implies that the listed types are required to sign, nor is the list intended to expand on legislative language or expand the list of required signatories. These types are being collected solely to assist evaluation and tracking of the mandatory and voluntary signatories of the DSA.

[Back to My Organizations](#)

Details	Mailing Address
Organization Name *	Street 1 *
Type *	Street 2 *
EIN	City *
<small>Valid EIN consists of a 9-digit number with no hyphens or spaces (e.g. 123456789)</small>	State/Province *
CA License Number	CA
<small>Valid CA License Number consists of a 5-9 digit number with no characters, hyphens or spaces (e.g. 123456)</small>	ZIP/Postal Code *
Submit	

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14) Send DSA Document for Signature

- When all data has been entered, be sure to **SAVE**. You will now see the **SEND DSA** button appear. Click to send the DSA to the signatory.
- Once signed, it will be automatically returned by email to the signing individual and stored as a link on the bottom of your account page.
- A copy is also automatically sent to the person signing the DSA.

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Primary Organization Information

Enter the requested information and select Save.

Be sure to list the Type that applies to your organization. Enter EIN and/or CA License Number as applicable. Nothing in this Type list implies that the listed types are required to sign, nor is the list intended to expand on legislative language or expand the list of required signatories. These types are being collected solely to assist evaluation and tracking of the mandatory and voluntary signatories of the DSA.

Select "Self" if you will be signing the DSA, or "Other" to enter information on another organizational official authorized to sign. An example for using "Other" Signatory is if you are an administrator registering in this portal but the DSA will be signed by the President or CEO.

Please verify all data for accuracy before signing, including legal business name.

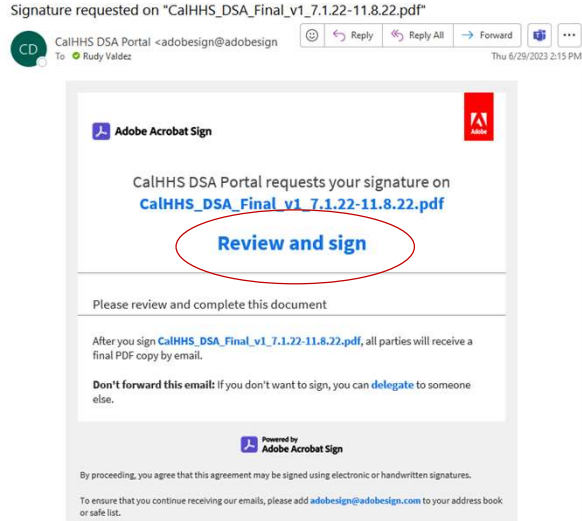
[Back to My Organizations](#)

Send DSA Document for Signature

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DSA Signature Request

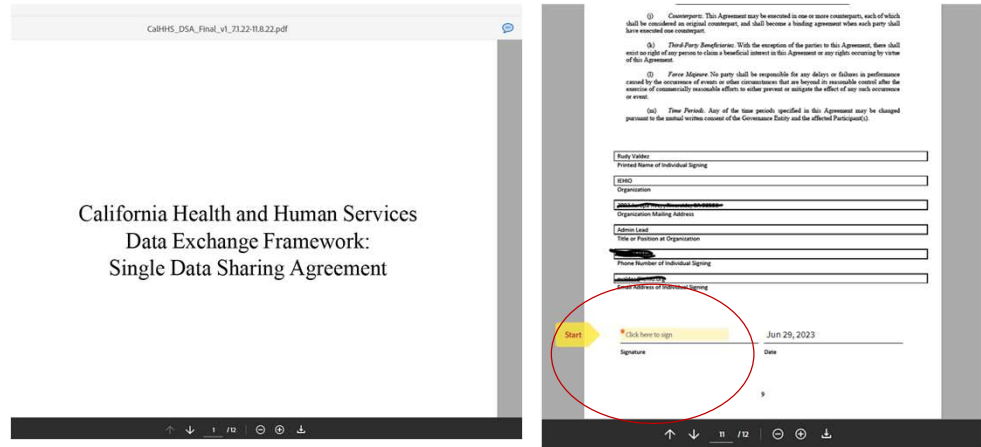
- When the signing individual receives the DSA in their email account, they can open the email.
- Click to open the document and review



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Click to Sign

- Once reviewed scroll down to finally, click to **sign**
- The signed DSA will be automatically sent back to the signing portal for storage; it appears as a link to a downloadable document at the bottom of the My Organization page.
- A signed copy will also be automatically sent to the signer.



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Pro Tips

- Always click SAVE after entries.
- When in doubt, go back to My Organizations.
- At a later time, you may need to edit or amend a signed DSA. To do this, you will create a new DSA that replaces the original. All DSAs include a date-time description in the file name, and all will appear at the bottom of the primary organization page in your account.

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Pro Tips Continued

- If you need to edit a signed DSA, simply make the changes in your organizational data. Click on your primary account on the My Organization page, and the portal will show Resend DSA for Signature at the top right of the primary organization page when it opens. This new DSA will be an addendum to the original DSA and will reflect the edits.
- If you need to add a new subordinate organization, do so from the My Organization page and click Submit once you have entered the subordinate organization information. At the top of the primary organization page, you will see Resend DSA for Signature. Click to send. When signed, this DSA becomes a new, separate document showing the incremental change and is an addendum to the original DSA with a new date-time designator.

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Type and Subtype list:

1. Acute Care Settings

- General acute care hospital
- Psychiatric hospital
- Other acute care setting

2. Ambulatory Care Settings

- Independent practice associations
- Medical group
- Physician practice
- Faculty practice
- Federally Qualified Health Center (FQHC)
- Health center program look-alikes
- Rural health center (RHC)
- Community clinic or free clinic
- Urgent care
- Mental health clinic
- Substance use disorder treatment clinic
- Other ambulatory care settings

3. Plans

- Health care service plans and disability insurer
- Medi-Cal managed care plan not regulated by DMHC or CDI
- Other plan

4. Subacute Care Facility

- Skilled nursing facility
- Long term acute care hospital
- Inpatient rehabilitation facility
- Assisted living facility
- Other long term care facility

5. Counties

- Behavioral health plan (SMH plans, Medi-Cal RX and DMC-ODS entities)
- Behavioral health provider
- Department of public health
- Department of health
- Corrections entity (Sheriff's department, jail, youth corrections facility, probation office)
- County welfare or social services department
- Other county service

6. Emergency Medical Service Providers

7. Intermediaries

- Health Information Exchange Intermediary Organization (HIO)
- Community Information Exchange Intermediary Organization (CIE)
- Other intermediary

8. Pharmacy

9. Ancillary Care

- Clinical laboratory
- Imaging/radiology center
- Ambulatory surgery center
- Other ancillary care provider

10. Community-Based Organizations

- Continuum of Care organization (CoC)
- Other community-based service provider

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Thank you!

Questions for IEHIO?

Inland Empire Health Information Organization

E-mail: info@iehio.org

For more information visit:

Center for Data Insights and Innovation

E-mail: cdii@chhs.ca.gov

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