California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 7@ Health Planning and Facility Construction
|->
Chapter 10@ Health Facility Data
|->
Article 8@ Patient Data Reporting Requirements
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 $Section\ 97210 @\ Contact\ Person,\ User\ Account\ Administrator,\ and\ Facility\ Identification\ Number$ 

# 97210 Contact Person, User Account Administrator, and Facility Identification Number

(a)

Each reporting facility shall designate a primary contact person and shall notify the Department's Patient Data Program in writing, by electronic mail or through the Department's online submission system of the designated person's name, title, telephone number(s), mailing address, and electronic mail address. The designated person will be sent time-sensitive electronic mail regarding the facility's data submission, including reminder notices, acceptance and rejection notifications, and extension information.

## (b)

Each reporting facility shall notify the Department's Patient Data Program in writing, by electronic mail, or through the Department's online submission system within 15 days after any change in the person designated as the primary contact person, or in the designated primary person's name, title, telephone number(s), mailing address or electronic mail address.

#### (c)

Each reporting facility beginning or resuming operations, whether in a newly constructed facility or in an existing facility, shall notify the Department's Patient Data Program in writing, by electronic mail or through the Department's online submission system within 30 days after its first day of operation of the designated

primary contact person and the facility administrator.

## (d)

Each reporting facility shall designate User Account Administrators pursuant to Subsection (c) of Section 97246. Each reporting facility shall notify the Department's Patient Data Program in writing, by electronic mail or through the Department's online submission system within 15 days after any change in a designated user account administrator's name, title, telephone number(s), mailing address, or electronic mail address.

#### (e)

Each reporting facility may submit its own data report to the Department's Patient Data Program, or it may use an agent for this purpose. The reporting facility shall be responsible for ensuring compliance with regulations and reporting requirements when an agent is used.

## (f)

Each reporting facility shall be provided a facility identification number that shall be used to submit data to the Department.