SACVALLEY MEDSHARE	PROCEDURE: *Participant Notices: Address and Delivery Processing and Tracking*	PROCEDURE NUMBER: *SVMS-PRO-006.002*
	Author: Elizabeth L Steffen	Origination Date: 03/16/2015
	Revised By: Elizabeth L Steffen	Revised Date: 06/08/2015

Purpose:

The purpose of the Participant Notices: Address and Delivery Processing and Tracking procedure is to ensure that all Participant Addresses for Notice are centralized and cataloged and all notices to be delivered to the Participant are done so in a consistent manner.

Procedure:

Each time a new Participant is brought on, they are required to fill out their Address for Notice on their signed agreement. This address is used to communicate with the participant for any/all notices that may need to be delivered to the participant by SVMS

1. Address of Notice Changes:
    a. Log the address listed in either the Participation Agreement or MMPA on the Participant Notice of Address Tracking Log (Attachment A, a Microsoft® Excel® worksheet, SVMS-FORM-019) and note the date added in the proper column.
    b. If the Particpant needs to change their address of notice;
        i. Ensure the participant requesting the change of address is authorized to do so by verifying information on the Participation Agreement or MMPA, or telephoning the proper person back with the telephone number on record.
        ii. Direct the participant to the SVMS website and request that they complete the Change of Address for Notices Form (Attachment B, a Microsoft® Publisher® Form, and a PDF document, SVMS-FORM-020).
        iii. Have them print and sign the form and either mail or email the form back to SVMS.
        iv. Log the address on the on the Participant Notice of Address Tracking Log and note the date added in the proper column.
        v. On the row for the old address, put the date the address invalidates in the proper column.
    c. Complete the SVMS Use Only section of the original Change of Address for Notice form.
    d. Retain changes of address forms for a period of no less than 6 (six) years from the date of request; electronically on Box and if received by mail, scanned and saved to Box as well as forwarded to California Hospital Association for physical storage.
2. Notice Delivery to Participant.
    a. All notices to be sent to Participants will be sent via all methods they have listed.
        i. One copy sent to Participant's mailing address
        ii. Second copy sent to Participant's electronic mail address, if applicable.
        iii. Third copy sent to any other mailing or electronic mail addresses that the Participant has specified.

Authorization	Name	Signature	Date
Board Chair	Myron MacMillan	Myron MacMillan	11/5/15
Executive Director			

Attachment(s):

A: *Notice of Address Tracking Log (page 2)*

B: *Participant Change of Address of Notice Form (page 3)*
C: *Participant Change of Address of Notice Form Spanish (page 4)*

Version	**Date**	**Author**	**Comment**
.001	03/16/2015	E. Steffen	Initial release.
.002	06/02/2015	E. Steffen	1. Updated to coincide with MMPA 2. Added Spanish form

Attachment A: Notice of Address Tracking Log

SACVALLEY MEDSHARE

Participant Notice of Address Tracking

Participant	Date Added	Address For Notice	City For Notice	State For Notice	Zip Code + 4 for Notice	Date Effective	Date Superceded	Notes	Processed By	
Some Name Hospital	3/16/2015	123 ABCStreet	Chester	CA	96020-0737	n/a	03/18/2015	Notes go here	ES	*Example*
Some Name Hospital	3/16/2015	123 ABCStreet	Chester	CA	96020-0737	03/16/2015	n/a	Notes go here	ES	*Example*

Attachment B: Change of Address for Notices Form

SACVALLEY MEDSHARE

The Health Information Exchange for California's North Central Valley

Change of Address for Notice

I hereby notify SacValley MedShare of a Change of Address for Notice for our facility:

_____
Facility Name

Current Address for Notice

_____
Mailing Address

_____
City State Zip +4

NEW Address for Notice

_____
Mailing Address

_____
City State Zip +4

Authorized By:

_____
Name

_____
Signature Date

Please scan and email to: info@sacvalleymedshare.org –OR-
Mail to: SacValley MedShare, 1448 Esplanade, Chico CA 95926

SVMS Use Only:
Verified BY: _____ *With:* _____
Processed in ICA: _____
Logged on Tracking Form: _____ *Date Complete:* _____

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Attachment C: Change of Address for Notices Form – Spanish

SACVALLEY MEDSHARE

El Intercambio de Información de la Salud para Valle Central Norte de California

Por la presente notifico SacValley MedShare de un cambio de dirección de Aviso para nuestras instalaciones :

_____
Nombre De La Instalación

Dirección actual de Aviso

_____
Dirección De Correo

_____
Ciudad Estado Postal + 4

NUEVO Dirección actual de Aviso

_____
Dirección De Correo

_____
City State Zip + 4

Autorizada Por:

_____
Nombre

_____
Firma Fecha

Por favor, escanear y correo electrónico a: info@sacvalleymedshare.org -O-
Correo a: SacValley MedShare , 1448 Esplanade, Chico CA 95926

Esta solicitud puede tardar 5 dias hábiles desde la recepción para tener efecto.

SVMS Use Only:
Verified BY: _____ *With:* _____
Processed in ICA: _____
Logged on Tracking Form: _____ *Date Complete:* _____

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