

OFFICE OF REGULATIONS 2012-2013 MAILING LIST REQUEST FORM

The Department of Health Care Services (Department), Office of Regulations maintains a mailing list pursuant to Section 14911 of the Government Code. This mailing list is comprised of parties that have requested to receive public notices of proposed regulations for program(s) administered by the Department. As of July 1, 2012, the Drug Medi-Cal Program from the Department of Alcohol and Drug Programs and certain Mental Health Services from the former Department of Mental Health have merged with the Department. If you would like to be added to the mailing list, please complete Sections A, B and C. If you would like to be deleted from the mailing list, please complete Section D. Please submit the completed form, by mail, fax or e-mail, as designated below.

SECTION A: Please select from the following mailing list categories:

- ☐ **ALL NOTICES OF THE DEPARTMENT'S REGULATORY ACTIONS**
- ☐ **AUDITS & INVESTIGATIONS**
- ☐ **DRUG MEDI-CAL PROGRAM** (Transferred from the Department of Alcohol and Drug Programs)
- ☐ **MEDI-CAL PROGRAM** (Includes Benefits, Dental, Eligibility, Long-Term Care, Managed Care, Pharmacy, Provider Enrollment, Rates, Recovery, Third Party Liability, Utilization Management and Medi-Cal Waivers) *(EXCLUDES Drug Medi-Cal and mental health services)*
- ☐ **MENTAL HEALTH SERVICES** (Medi-Cal related and major community mental health services transferred from the former Department of Mental Health)
- ☐ **PRIMARY & RURAL HEALTH**
- ☐ **SAFETY NET FINANCING** (Includes Disproportionate Share Hospital, Local Education Agency, Medi-Cal Administrative Activities and Subacute Care Program)
- ☐ **SYSTEMS OF CARE** (Includes California Children's Services, Child Health and Disability Prevention Program, Genetically Handicapped Persons Program, Medical Case Management and Newborn Hearing Screening Program)

SECTION B: Please provide the following information:

Name: [Click here to enter text.](#)
 Title: [Click here to enter text.](#)
 Organization: [Click here to enter text.](#)
 Address: [Click here to enter text.](#)
 City, State, Zip Code: [Click here to enter text.](#)
 E-Mail: [Click here to enter text.](#)

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Date Initials

Added to ListServ Database:

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Date Initials

Assigned ID Number:

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SECTION C: Please select **one** method of delivery. **If both methods of delivery are selected, the default method of delivery will be via e-mail.**

- ☐ **Electronically deliver public notices to me via e-mail**



Join the effort to reduce costs and conserve natural resources. Electronic delivery of public notices will include an e-mail with hyperlinks to the Department's Regulations Website (<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/OfficeofRegulations.aspx>), which includes all proposed regulations.

- ☐ **Mail printed public notices to me using the United States Postal Service (USPS)**

OFFICE OF REGULATIONS 2012 MAILING LIST UPDATE (Cont.)

- NOTES:**
1. Name and address information on Department regulation mailing lists may be shared with other State agencies or the public. In accordance with the State Information Practices Act, this directory may not be used, rented, distributed, or sold or used otherwise for commercial purposes.
 2. Mailing address information is requested as a back-up contact method should the Department's electronic means of delivery be unavailable.

SECTION D: Please **remove me** from the Department's mailing list for public notices:

Six Digit Code from Current Mailing Label (if available): [Click here to enter text.](#)

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