

# Central Valley Regional Center

## AGREEMENT FOR USE OF THE SERVICE PROVIDER PORTAL (SPP)

As a provider of services (Service Provider) for consumers of Central valley Regional Center (CVRC), my signature certifies that I have read, understand and agree to the following terms and conditions for receiving purchase of services authorizations and/or turnaround invoices by e-mail in lieu of mail. I understand that the authority to receive authorizations and/or turnaround invoices 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 turnaround invoices are retrieved in a timely manner. CVRC cannot send emails to multiple email addresses at one time. Turnaround invoices will be emailed only once while authorizations can be emailed multiple times.
2. Service Provider agrees to notify CVRC in writing for a request to change encryption passwords only. Change requests for new encryption passwords will not be accepted by telephone. Service Provider will maintain their own IDs and associated passwords and email addresses. CVRC can assist in maintenance of IDs, ID passwords, and email addresses in emergency situations only.
3. Service Provider agrees to comply with any notices, bulletins and/or directives provided by a regional center regarding e-mailing of authorizations and/or turnaround invoices.
4. Service Provider agrees to comply with Welfare and Institutions Code Section 4514, Health Insurance Portability and Accountability Act (HIPAA), and all other applicable state and federal statutes and regulations regarding confidentiality of consumer information.
5. Service Provider accepts that this agreement is conditional and may be terminated at any time at the sole and absolute discretion of the CVRC with or without cause. Upon termination of this agreement, CVRC agrees to provide authorizations and/or turn-around invoices by mail or other methods as determined by CVRC.
6. This agreement shall be effective upon receipt by CVRC of this signed agreement.
7. Service Provider agrees to assume the responsibility and liability for all e-mailed authorizations and/or turnaround invoices.

**Service Provider Contact Information** (Please Note: A separate form is required for each **TIN**):

Vendor Name: \_\_\_\_\_  
TIN: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Encryption Passwords for Documents: (passwords for both documents can be the same)**

Encryption Password for Authorizations: \_\_\_\_\_  
Encryption Password for Turn-Around Invoices: \_\_\_\_\_

**Record this password. You will not be able to open the documents without it. Passwords are case sensitive and have a maximum of 10 characters.**

Mailing Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Title of Authorized Representative: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_  
(Please Print)

Signature Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_