



DxF Data Sharing Agreement

How To Guide

Updated February 2026

Please note that certain California organizations are required to sign the CalHHS Data Exchange Framework (DxF) Data Sharing Agreement (DSA), as defined in [Health and Safety Code section 130290\(f\)](#).

All capitalized terms have the same meaning as in the [DxF Glossary of Defined Terms](#).

1. Background

1.1. What is the DxF Data Sharing Agreement?

The DxF DSA is a single agreement made between Participants intended to facilitate data exchange in compliance with all applicable federal, state, and local laws, regulations, and policies. Participants that sign shall at all times abide by the DxF DSA, including the [DxF Policies and Procedures](#) and Specifications. Additional information about the DSA signing process is available in the [DxF FAQ](#). This “How To Guide” focuses on how to sign the DxF DSA.

NOTE: for reference, the [DxF DSA pdf template](#) and a listing of all DSA Signatories ([Data Sharing Agreement Signatory List](#)) can be found on the [Data Exchange Framework website](#).

1.2. How does my organization become a DxF DSA Signatory?

To sign the DxF DSA for your organization, register for an account on the CalHHS [DxF DSA Signing Portal and Participant Directory](#) (referred to herein as the ‘Portal’) to complete information on your organization, add Subordinate Organizations (if applicable), and send the DSA Document for electronic signature.

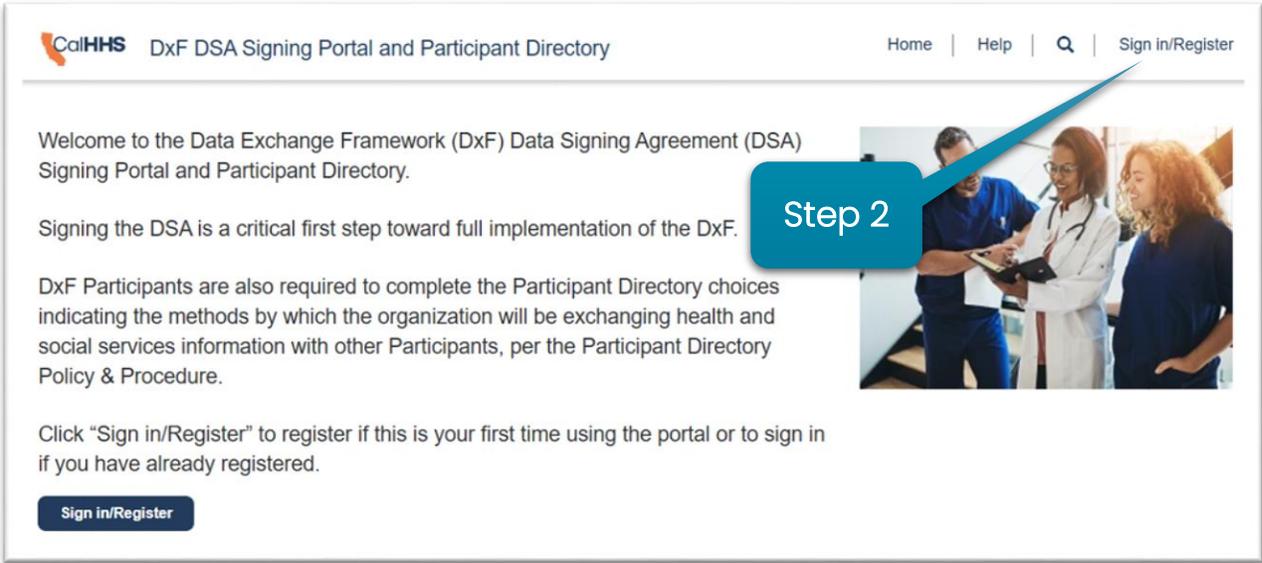
2. Instructions

2.1. How to register an account for your organization on the DSA Signing Portal.

Step 1: Go to the DSA Signing Portal at <https://signdxf.powerappsportals.com>

Step 2: Click “Sign in/Register” to create a new account on the DSA Signing Portal as the representative for your organization.

NOTE: An organization can only be associated with one account (and corresponding email address), known as the “Registered User” for that organization. Only the Registered User for the organization can access and edit the organization’s information and DSA.



The screenshot shows the homepage of the "DxF DSA Signing Portal and Participant Directory". The header includes the CalHHS logo, the page title, and navigation links for Home, Help, a search icon, and Sign in/Register. The main content area contains a welcome message, a paragraph about the importance of signing the DSA, a paragraph about Participant Directory choices, and a call to action to click "Sign in/Register". A blue callout box labeled "Step 2" points to the "Sign in/Register" button.

CalHHS DxF DSA Signing Portal and Participant Directory Home | Help | Q | Sign in/Register

Welcome to the Data Exchange Framework (DxF) Data Signing Agreement (DSA) Signing Portal and Participant Directory.

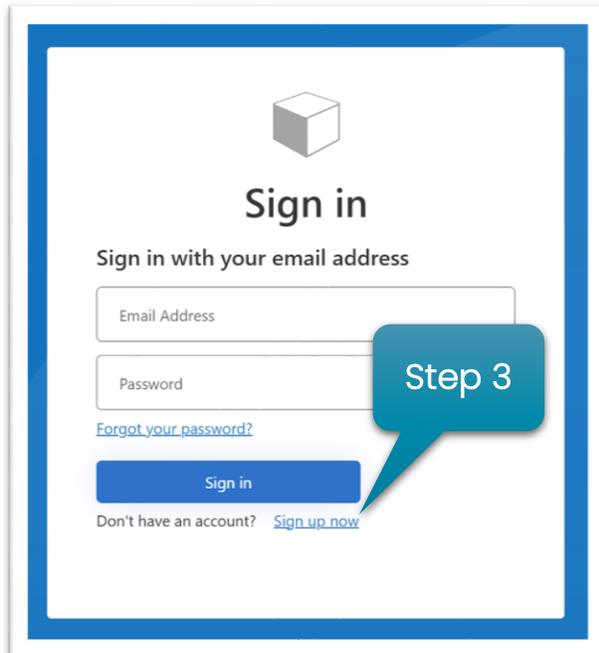
Signing the DSA is a critical first step toward full implementation of the DxF.

DxF Participants are also required to complete the Participant Directory choices indicating the methods by which the organization will be exchanging health and social services information with other Participants, per the Participant Directory Policy & Procedure.

Click “Sign in/Register” to register if this is your first time using the portal or to sign in if you have already registered.

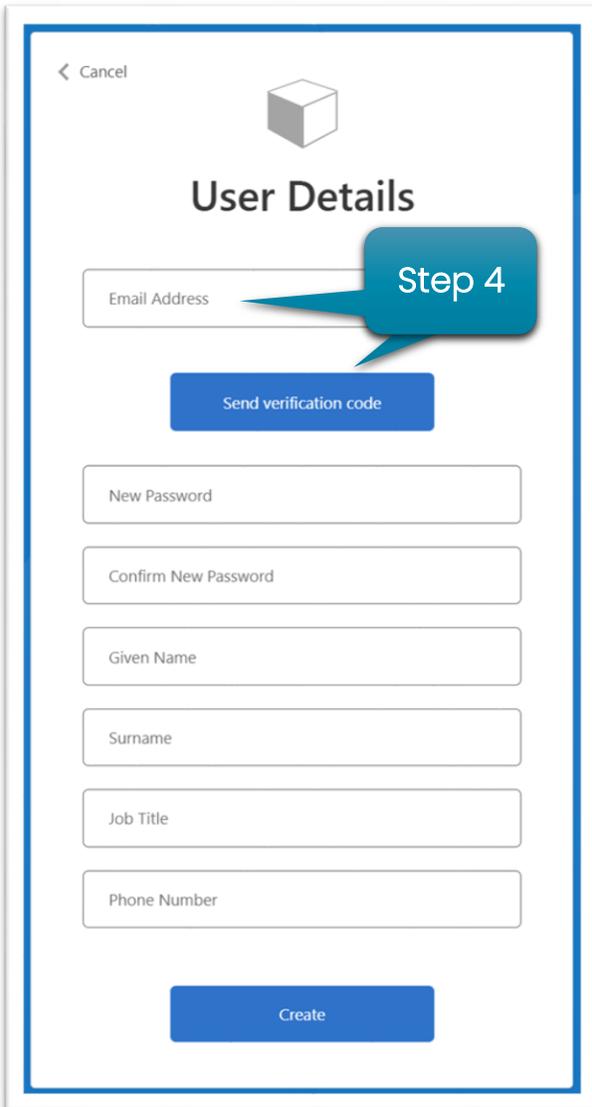
[Sign in/Register](#)

Step 3: To register for a new account, click “Sign up now”.



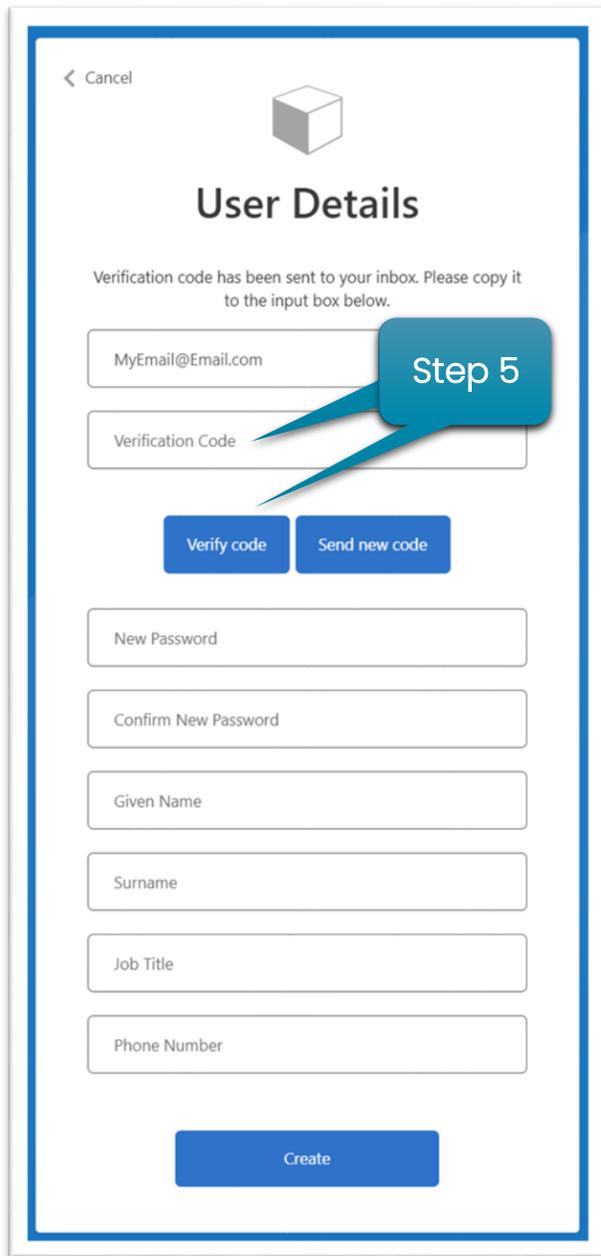
The image shows a 'Sign in' form with a blue border. At the top center is a cube icon. Below it is the text 'Sign in' and 'Sign in with your email address'. There are two input fields: 'Email Address' and 'Password'. Below the 'Password' field is a link 'Forgot your password?'. A blue button labeled 'Sign in' is positioned below the 'Forgot your password?' link. At the bottom left, there is text 'Don't have an account?' followed by a blue link 'Sign up now'. A blue speech bubble with the text 'Step 3' points to the 'Sign up now' link.

Step 4: Enter your business email address and click “Send verification code”.



The screenshot shows a mobile application interface for creating a user account. At the top left, there is a back arrow and the text "Cancel". In the center, there is a 3D cube icon and the title "User Details". Below the title is a form with several input fields. The first field is labeled "Email Address" and is highlighted with a blue callout bubble containing the text "Step 4". Below the "Email Address" field is a blue button labeled "Send verification code". Below this button are five more input fields: "New Password", "Confirm New Password", "Given Name", "Surname", and "Job Title". At the bottom of the form is a blue button labeled "Create". Below the "Job Title" field is a "Phone Number" field.

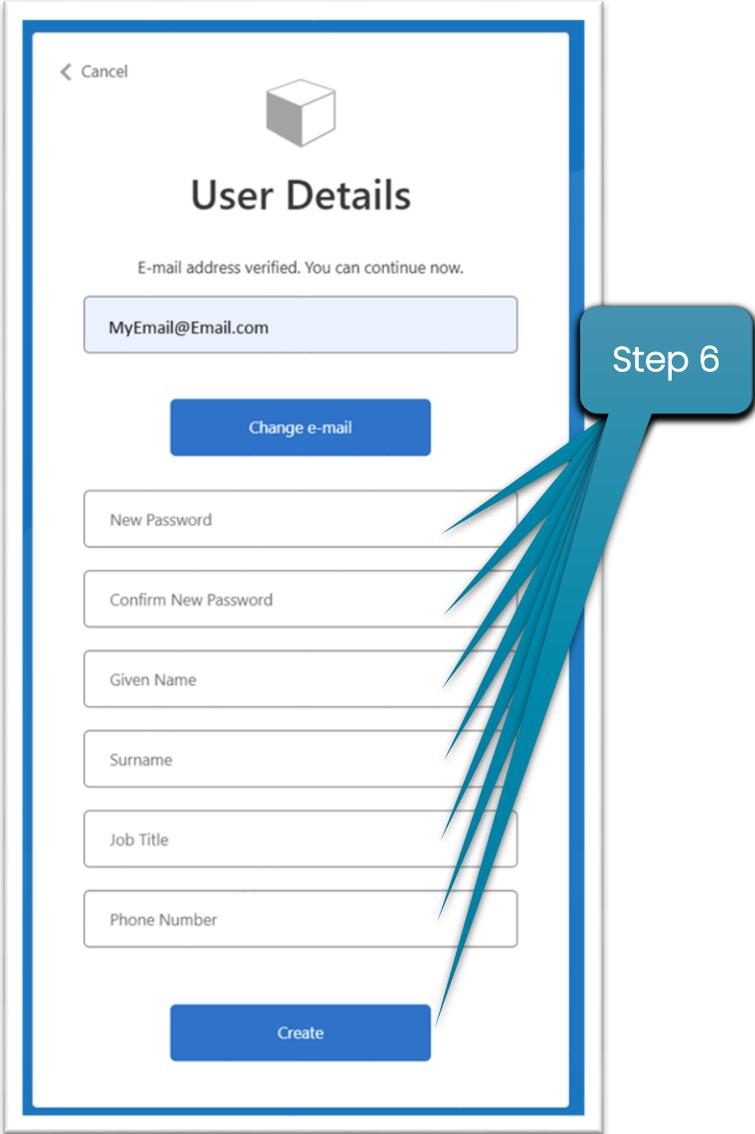
Step 5: Check your email to obtain the verification code. Enter the code in the Portal and click "Verify code".



The screenshot shows a mobile application interface for creating a user account. At the top left is a 'Cancel' button with a back arrow. Below it is a 3D cube icon and the title 'User Details'. A message states: 'Verification code has been sent to your inbox. Please copy it to the input box below.' The form contains several input fields: 'MyEmail@Email.com', 'Verification Code', 'New Password', 'Confirm New Password', 'Given Name', 'Surname', 'Job Title', and 'Phone Number'. Below the 'Verification Code' field are two buttons: 'Verify code' and 'Send new code'. At the bottom is a large blue 'Create' button. A blue callout bubble with the text 'Step 5' points to the 'Verification Code' input field.

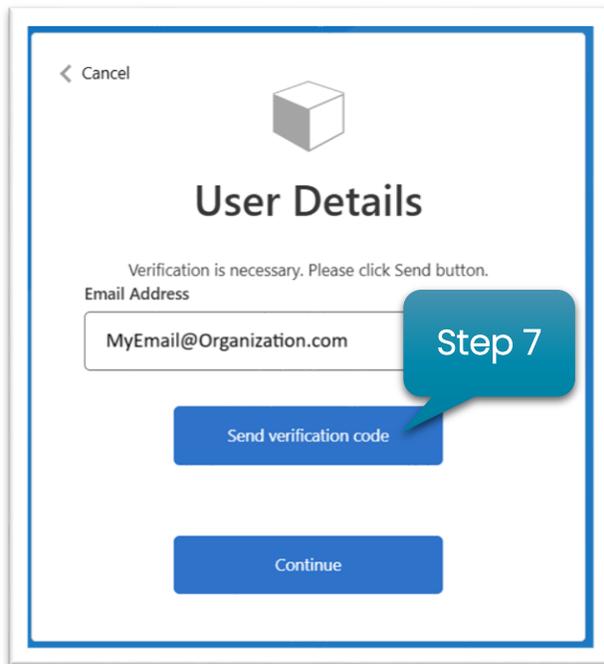
Step 6: Once your email address has been verified, enter your information and click “Create”.

- a password containing upper- and lower-case text and either symbols or numbers,
- first and last name,
- job title,
- business phone number.

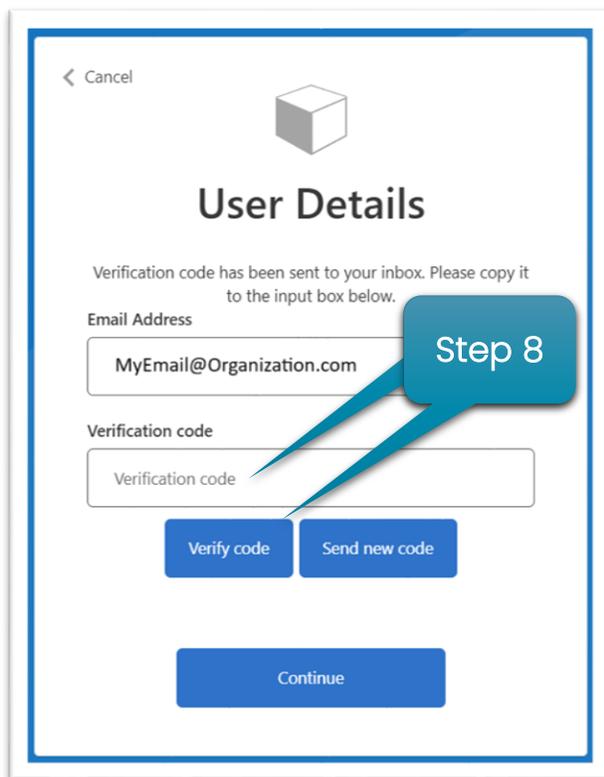


The screenshot shows a mobile application interface for 'User Details'. At the top left is a 'Cancel' button with a back arrow. Below it is a 3D cube icon and the title 'User Details'. A message states 'E-mail address verified. You can continue now.' Below this is a text input field containing 'MyEmail@Email.com' and a blue 'Change e-mail' button. The form contains several text input fields: 'New Password', 'Confirm New Password', 'Given Name', 'Surname', 'Job Title', and 'Phone Number'. At the bottom is a large blue 'Create' button. A blue callout bubble labeled 'Step 6' points to the 'Create' button.

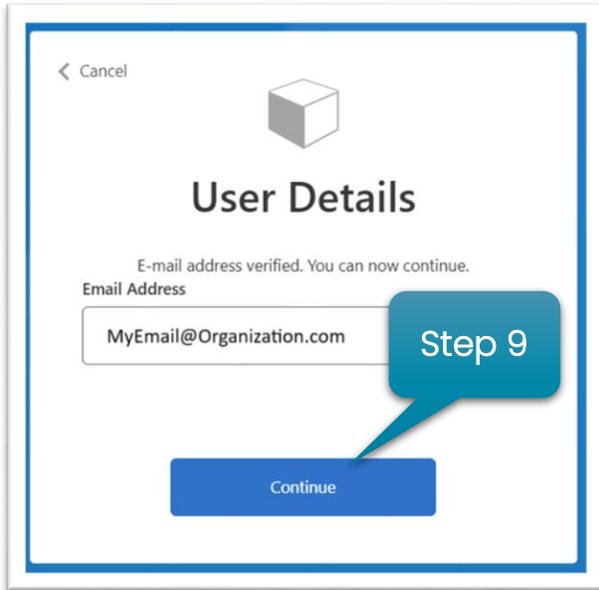
Step 7: As part of two-factor-authentication, click “Send verification code”.



Step 8: Check your email to obtain the verification code. Enter the code in the Portal and click “Verify code”.

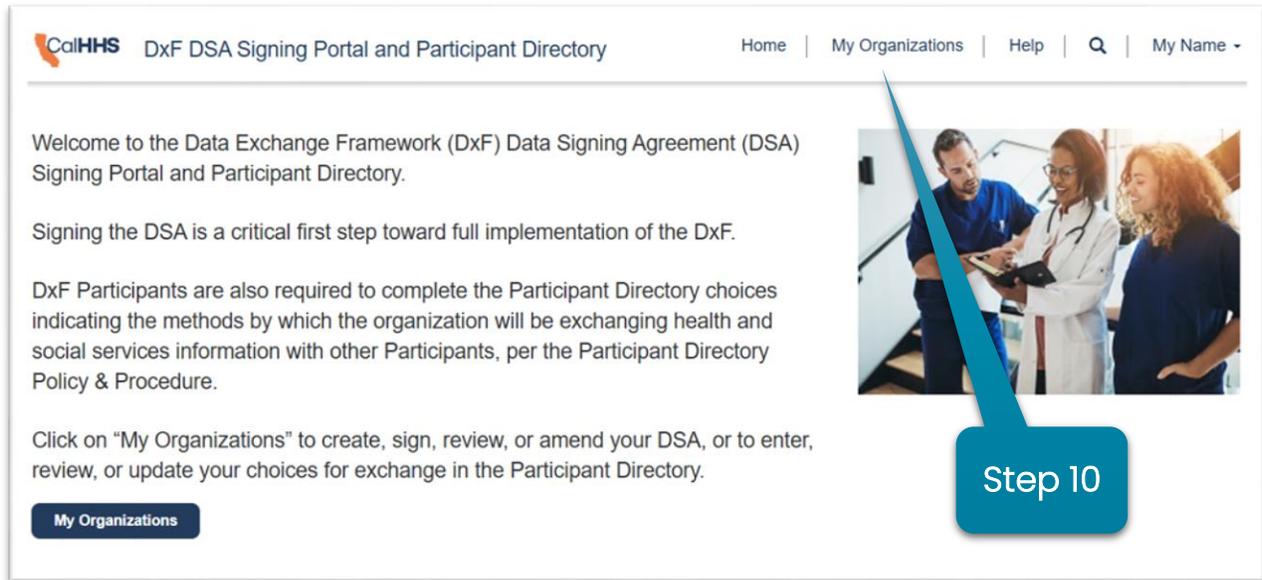


Step 9: Once your email has been verified, click “Continue”.



2.2. How to enter the organization’s information and sign the DxF DSA.

Step 10: Your name will appear in the upper right-hand corner of the Portal once you are signed in to your DSA Signing Portal account. Click “My Organizations” to begin.



Step 11: You have navigated to the My Organizations page.

There are two options for the organization to which the signed DSA applies:

- a. It may apply to your organization alone and your DSA will only include the Primary Organization. ***If this applies to your organization, proceed to Step 16.***
- b. It may apply to your organization and all Subordinate Organizations. Subordinate Organizations are facilities or entities that are part of a parent Primary Organization where the Signatory of the parent Primary Organization has authority to sign on their behalf. ***If this applies to your organization, proceed to Step 12.***
 - i. For example, a hospital system may own and operate multiple entities or facilities (e.g., hospital, skilled nursing facility, clinical laboratories, medical group, health plan). The CEO of the hospital system may sign a DSA that includes the Primary Organization and multiple Subordinate Organizations.
 - ii. If your Primary 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.
 - iii. 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 as applicable. For example, a single facility may be licensed as an acute care hospital and an acute psychiatric hospital with an on-site

clinical laboratory. Each of the three entities may be added as a Subordinate Organization.

NOTE: If you have questions about adding Subordinate Organizations to your DSA, please email dxfsupport@hcai.ca.gov

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

Send DSA for Signature

Step 11

Please complete organization information before signing the DSA.

Primary Organization

Add Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
There are no records to display.					

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

Add Subordinate Organization to DSA

Add Subordinate Organization to Participant Directory

Account Name ↑	DxF ID	On DSA	Terminated or Ceased	Delaying Exchange Until	Request for Information	Information Delivery	Requests for Notification of ADT Events
----------------	--------	--------	----------------------	-------------------------	-------------------------	----------------------	---

Step 12: To add a Subordinate Organization to your DSA or to the Participant Directory Listing, click “Add Subordinate Organization”.

There are two options for adding Subordinate Organizations for DxF participation.

- a. Add a Subordinate Organization to your DxF DSA, which also automatically adds the Subordinate Organization to the DxF Participant Directory Listing.
- b. Add a Subordinate Organization to the DxF Participant Directory Listing. This does not add the Subordinate Organization to your signed DSA. However, by adding a Subordinate Organization to the DxF Participant Directory, you are agreeing to have them bound by the DSA.

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

Please complete organization information before signing the DSA.

Send DSA for Signature

Primary Organization

Step 12a

Add Primary Organization					
Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
There are no records to display.					

Step 12b

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

Add Subordinate Organization to DSA		Add Subordinate Organization to Participant Directory					
Account Name ↑	DxF ID	On DSA	Terminated or Ceased	Delaying Exchange Until	Request for Information	Information Delivery	Requests for Notification of ADT Events

Step 13: You have navigated to the Subordinate Organization name search page. First check to see if your organization has already signed the DSA by typing the organization name into the search bar.

- a. If your organization appears in the search results, a DxF DSA may have already been signed for the organization. Do not sign a new DxF DSA and contact dxf@hcai.ca.gov if you have questions about the previously signed DSA or accessing the account.
- b. If your organization does not appear in the search results, click “Add new organization”.

CalHHS DxF DSA Signing Portal and Participant Directory Home | Help | My Organizations | Search | My Name -

DSA Subordinate Organization Information

Check to see if your organization has already signed the DxF Data Sharing Agreement (DSA).

Organization Name
 Add new organization

Step 13



Oops! The organizations below have already signed the DSA.

Step 13b

If your organization appears below and has already signed the DSA, do not sign again. Email DxF@hcai.ca.gov if you have questions about access to your organization's DSA Signing Portal account.

Primary Organization	Subordinate Organization	DxF ID	Type	Sub Type	Street Address	City	State	Zip
A Cunning Plan	A Cunning Hospital	DXF001125	Acute Care Settings	General acute care hospital	1 Pacific Coast Highway	Hermosa Beach	CA	90210
A Cunning Plan	A Cunning Laboratory	DXF001126	Ancillary Care	Clinical laboratory	1 Pacific Coast Highway	Hermosa Beach	CA	90210
A Cunning Plan	A Cunning SNF	DXF001142	Subacute Care Facility	Skilled nursing facility	1 Pacific Coast Highway	Hermosa Beach	CA	90210

Step 14: You have navigated to the Subordinate Organization Information page.

Complete the required information in the “Details” and “Mailing Address” sections for the Subordinate Organization. Please use a business address for “Mailing Address.”

- a. A full list of “Type” and “Sub Type” can be found on the “Help” tab at the top of the page.
- b. For general acute care hospitals, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals, a California state license number is required.
 - i. For general acute care hospitals, skilled nursing facilities, or psychiatric hospitals, use the license number issued by the California Department of Public Health (CDPH).
 - ii. For health care service plans or disability insurers, including Medi-Cal managed care plans, use the license number issued by the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI), or the risk-bearing organization (RBO) number.
 - iii. For Medi-Cal managed care plans that are not licensed by the DMHC or the CDI, use the contract number issued by the Department of Health Care Services (DHCS).
 - iv. For clinical laboratories, use the laboratory license number issued by the California Department of Public Health (CDPH). Do not use the federally-issued Clinical Laboratory Improvement Amendments (CLIA) number.

Subordinate Organization Information

Enter information for the Subordinate Organization that will be on your DxF Data Sharing Agreement (DSA).

Click on the 'Help' tab above for more information on:

- Entering CA License Number or EIN
- A complete list of Types and Sub Types

Note: if your organization has already signed the DxF DSA, adding a DSA Subordinate Organization will require resigning the DSA for changes to take effect.

Don't Save

Save & Close

Step 14

Details

Name *

My SoCal Clinic

Type *

CA License Number

Valid CA License Number consists of a 5-9 digit number with no characters, hyphens or spaces (ie. 123456)

Mailing Address

Address *

Address Not Found?

Street 1 *

Street 2

City *

State/Province *

CA

ZIP/Postal Code *

Step 15: Complete the “Methods of Exchange” section, indicating the methods by which the organization will be exchanging health and social services information with other Participants.

Click “Save & Close” to save the information and return to the My Organizations page.

NOTE: For more information on completing the “Methods of Exchange” or “Eligibility to Delay Exchange” sections, see the “[DXF Participant Directory How To Guide](#)”.

NOTE: Repeat steps **12-15** to include additional Subordinate Organizations, if applicable. Subordinate Organizations that you have added will be listed in a table in the “Subordinate Organizations” section of the My Organizations page.

NOTE: If you added a Subordinate Organization in error, please email dxf@hcai.ca.gov to request its removal.

Eligibility to Delay Exchange

Per [Health and Safety Code § 130290](#) and the [DxF Policies & Procedures](#), certain types of organization are eligible to delay Exchange of or Access to Health and Social Services Information (HSSI) under the DxF. If your organization is eligible and elects to delay exchange, select the appropriate checkbox below. If your organization is not eligible, please do not check a box and proceed to the Methods of Exchange subsection below.

HSC § 130290(b)(2) and the [DxF Requirement to Exchange Health and Social Services P&P](#) permits certain organizations to delay until 01/31/2026

I exercise my option to delay Exchange of HSSI under the DxF until January 31, 2026.

HSC § 130290(b)(1) permits Medical Foundations exempt from licensure and Emergency Medical Services to delay until 07/01/2026

I exercise my option to delay Exchange of HSSI under the DxF until July 1, 2026.

HSC § 130290(b)(3) permits facilities described in subdivision (a) of [HSC § 1180.2](#) to delay until 01/31/2029

I exercise my option to delay Exchange of HSSI under the DxF until January 31, 2029.

Methods of Exchange

Copy the choices for this subordinate organization from those of its primary organization

Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.

Please choose one:

Select

Step 15

Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they receive in response to an Order or Referral. This is not how you wish to receive information you have requested; but is for information generated and "passed" to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.

Please choose one:

Select

Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admission and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QOs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.

Please choose one:

Select

Step 16: In the “Primary Organization” section of the My Organizations page, click “Add Primary Organization”.

CalHHS DxFSigning Portal and Participant Directory Home | My Organizations | Help | Q | My Name ▾

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

[Send DSA for Signature](#)

Step 16 Please complete organization information before signing the DSA.

Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
There are no records to display.					

[Add Primary Organization](#)

Step 17: You have navigated to the Primary Organization name search page. First check to see if your organization has already signed the DSA by typing the organization name into the search bar.

- a. If your organization appears in the search results, a DxF DSA may have already been signed for the organization. Do not sign a new DxF DSA and contact dxfsupport@hcai.ca.gov if you have questions about the previously signed DSA or accessing the account.
- b. If your organization does not appear in the search results, click “Add new organization”.

CalHHS DxF DSA Signing Portal and Participant Directory

Home | My Organizations | Help | Q | My Name ▾

Primary Organization Information

Check to see if your organization has already signed the DxF Data Sharing Agreement (DSA).

Organization Name: Add new organization

Step 17

Step 17b

Oops! The organizations below have already signed the DSA.

If your organization appears below and has already signed the DSA, do not sign again. Email DxF@hcai.ca.gov if you have questions about access to your organization's DSA Signing Portal account.

Primary Organization	Subordinate Organization	DxF ID	Type	Sub Type	Street Address	City	State	Zip
TEST DEMO - CalHHS DxF		DXF007081	Parent Only, Not Exchanging		123 TBD Ave	Sacramento	Californ	95817-3746
TEST DEMO - CalHHS DxF	TEST DEMO - CalHHS DxF Sub	DXF008400	Acute Care Settings	General acute care hospital	123 TBD Ave	Sacramento	CA	95817-3746

Step 18: In the “Signatory” section, determine who is authorized to sign the DSA on behalf of the organization.

- a. If you as the Registered User for the organization is authorized to sign, select “Self” in the dropdown.
- b. If another person in the organization is authorized to sign, select “Other” and enter their name, contact information and title.

Primary Organization Information

Enter the legal name and information for the parent Primary Organization that will be signing the DSA.

Signatory: 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.

Click on the 'Help' tab above for more information on:

- Entering CA License Number or EIN
- A complete list of Types and Sub Types

Participant Directory: make Participant Directory selections for the Primary and any Subordinate Organizations, indicating the methods by which Health and Social Services Information will be exchanged.

Subordinate Organizations: as applicable, add any Subordinate Organizations on the My Organizations page prior to Sending the DSA Document for Signature.

Don't Save

Save & Close

DETAILS

Name *

Demo

Type *

CA License Number

Valid CA License Number consists of a 5-9 digit number with no characters, hyphens or spaces (ie. 123456)

MAILING ADDRESS

Address *

Address Not Found?

Street 1 *

Street 2

City *

State/Province *

CA

ZIP/Postal Code *

STATUS

—

SIGNATORY

Signatory *

Select

Step 18

Step 19: Complete the required information in the "Details" and "Mailing Address" sections for the Primary Organization. Please use a business address for "Mailing Address."

- A full list of "Type" and "Sub Type" can be found on the "Help" tab at the top of the page.

- b. For general acute care hospitals, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals, a California state license number is required.
- i. For general acute care hospitals, skilled nursing facilities, or psychiatric hospitals, use the license number issued by the California Department of Public Health (CDPH).
 - ii. For health care service plans or disability insurers, including Medi-Cal managed care plans, use the license number issued by the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI), or the risk-bearing organization (RBO) number.
 - iii. For Medi-Cal managed care plans that are not licensed by the DMHC or the CDI, use the contract number issued by the Department of Health Care Services (DHCS).
 - iv. For clinical laboratories, use the laboratory license number issued by the California Department of Public Health (CDPH). Do not use the federally-issued Clinical Laboratory Improvement Amendments (CLIA) number.

Primary Organization Information

Enter the legal name and information for the parent Primary Organization that will be signing the DSA.

Signatory: 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.

Click on the 'Help' tab above for more information on:

- Entering CA License Number or EIN
- A complete list of Types and Sub Types

Participant Directory: make Participant Directory selections for the Primary and any Subordinate Organizations, indicating the methods by which Health and Social Services Information will be exchanged.

Subordinate Organizations: as applicable, add any Subordinate Organizations on the My Organizations page prior to Sending the DSA Document for Signature.

Don't Save

Save & Close

Step 19

DETAILS

Name *

Demo

Type *

CA License Number

Valid CA License Number consists of a 5-9 digit number with no characters, hyphens or spaces (ie. 123456)

MAILING ADDRESS

Address *

Address Not Found?

Street 1 *

Street 2

City *

State/Province *

CA

ZIP/Postal Code *

STATUS

—

SIGNATORY

Signatory *

Self ▾

Step 20: Complete the “Methods of Exchange” section, indicating the methods by which the organization will be exchanging health and social services information with other Participants.

NOTE: For more information on completing the “Methods of Exchange” and “Eligibility to Delay Exchange” sections, see the [“DxF Participant Directory How To Guide”](#).

Click “Save & Close” to save the information and return to the My Organizations page.

Eligibility to Delay Exchange

Per [Health and Safety Code § 130290](#) and the [DxF Policies & Procedures](#), certain types of organization are eligible to delay Exchange of or Access to Health and Social Services Information (HSSI) under the DxF. If your organization is eligible and elects to delay exchange, select the appropriate checkbox below. If your organization is not eligible, please do not check a box and proceed to the Methods of Exchange subsection below.

HSC § 130290(b)(2) and the [DxF Requirement to Exchange Health and Social Services P&P](#) permits certain organizations to delay until 01/31/2026

I exercise my option to delay Exchange of HSSI under the DxF until January 31, 2026.

HSC § 130290(b)(1) permits Medical Foundations exempt from licensure and Emergency Medical Services to delay until 07/01/2026

I exercise my option to delay Exchange of HSSI under the DxF until July 1, 2026.

HSC § 130290(b)(3) permits facilities described in subdivision (a) of [HSC § 1180.2](#) to delay until 01/31/2029

I exercise my option to delay Exchange of HSSI under the DxF until January 31, 2029.

Methods of Exchange

Copy the choices for this subordinate organization from those of its primary organization

Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.

Please choose one:

Select

Step 20

Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they create in response to an Order or Referral. This is not how you wish to receive information you have requested; but is for information generated and "pushed" to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.

Please choose one:

Select

Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QHMs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.

Please choose one:

Select

Step 21: You have navigated back to the My Organizations page.

Review the "Primary Organization" and "Subordinate Organizations" section tables to ensure the information you have added is correct and that the Participant Directory choices have been made for the Primary and Subordinate (if applicable) Organizations.

NOTE: The “DxF ID” field is a unique identifier generated by HCAI that is included in the DxF published listings.

CalHHS DxF DSA Signing Portal and Participant Directory

[Home](#) |
 [My Organizations](#) |
 [Help](#) |
 [Q](#) |
 [My Name](#) ▾

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal

[Download Participant Seal](#)
[Participant Seal Usage Instructions](#)

Send DSA for Signature

Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007363	Parent Only, Not Exchanging	Activated	Self	MyEmail@Email.com

Subordinate Organizations

Add any additional subordinate organization that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

Add Subordinate Organization to DSA

Add Subordinate Organization to Participant Directory

Account Name ↑	DxF ID	On DSA	Terminated or Ceased	Delaying Exchange Until	Request for Information	Information Delivery	Requests for Notification of ADT Events
My_DSA Subordinate Lab	DXF007366	Yes		01/31/2026	Carequality	Carequality	Cozeva

Step 21

2.3. How to sign the DxF DSA.

Step 22: Once the information on the Primary and Subordinates (if applicable) is complete and you are ready to sign the DSA, click “Send DSA for Signature” on the My Organizations page. An email will be sent from CalHHS DSA Portal via Adobe Acrobat Sign (adobesign@adobesign.com) to the person listed as the Signatory.

CalHHS DxF DSA Signing Portal and Participant Directory Home | My Organizations | Help | Q | My Name -

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

Step 22

[Send DSA for Signature](#)

Step 23: The Primary Organization Account Status will now reflect “DSA Document Sent” on the My Organizations page.

CalHHS DxFSigning Portal and Participant Directory Home | My Organizations | Help | Q | My Name ▾

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

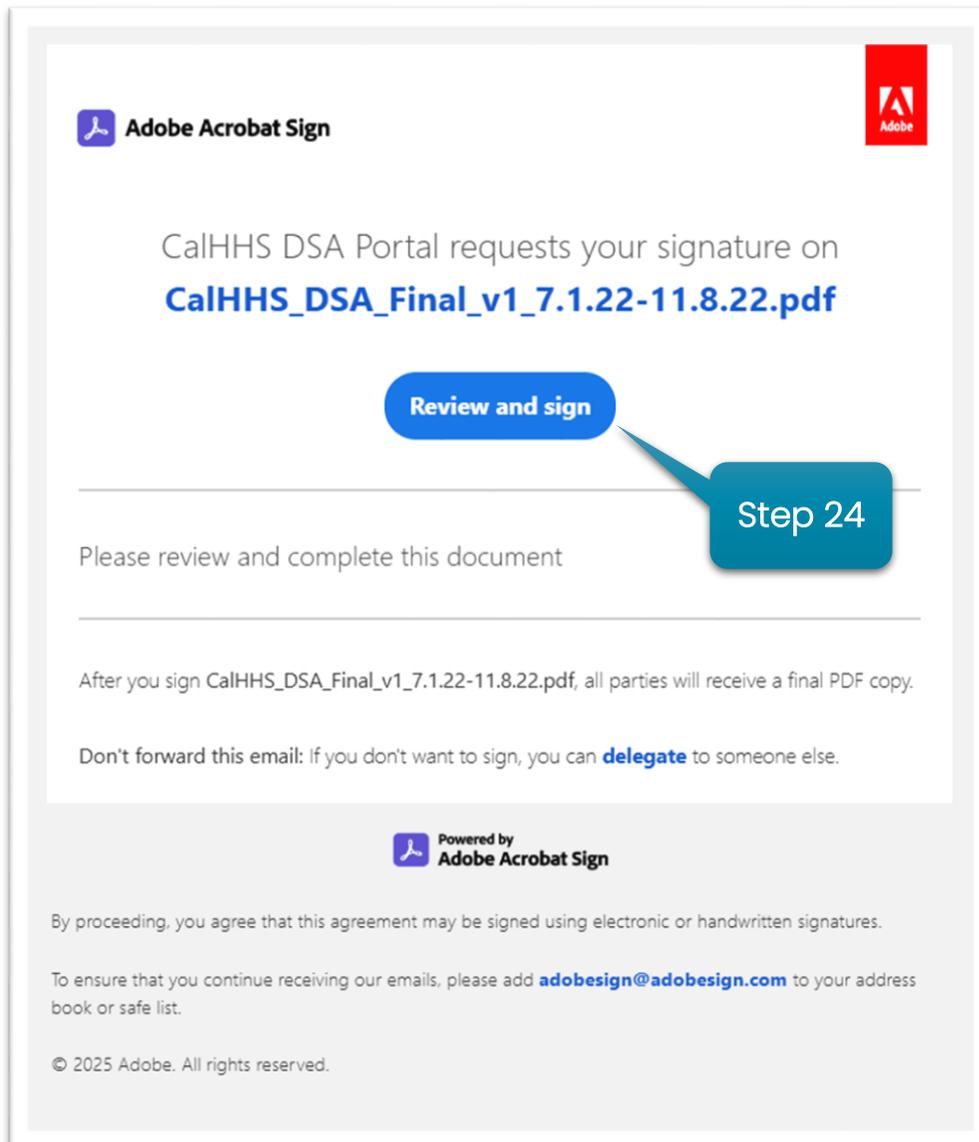
[Participant Seal Usage Instructions](#)

[Resend DSA for Signature](#)

Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007363	Parent Only, Not Exchanging	DSA Document Sent	Self	MyEmail@Email.com

Step 24: In the email sent to the Signatory, click “Review and sign”.



The screenshot shows an email interface for Adobe Acrobat Sign. At the top left is the Adobe Acrobat Sign logo, and at the top right is the Adobe logo. The main heading reads "CalHHS DSA Portal requests your signature on **CalHHS_DSA_Final_v1_7.1.22-11.8.22.pdf**". Below this is a prominent blue button labeled "Review and sign". A callout box with a pointer to the button contains the text "Step 24". The email body contains the following text: "Please review and complete this document", "After you sign CalHHS_DSA_Final_v1_7.1.22-11.8.22.pdf, all parties will receive a final PDF copy.", and "Don't forward this email: If you don't want to sign, you can **delegate** to someone else." At the bottom, it says "Powered by Adobe Acrobat Sign", followed by a disclaimer: "By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures." and "To ensure that you continue receiving our emails, please add **adobesign@adobesign.com** to your address book or safe list." The footer includes "© 2025 Adobe. All rights reserved."

Step 25: Clicking “Review and sign” in the email will open a secure website in your web browser. Review the DSA document for accuracy including the last page that lists any Subordinate Organizations to which the signed DSA shall apply. Click “Click to Sign” to sign the DSA.

NOTE: if you need to make any changes to the Primary or Subordinate Organization information, please do so in the DSA Signing Portal before signing the DSA.

CalHHS_DSA_Final_v1_71.22-11...

My Name
Printed Name of Individual Signing

MyOrganizationName
Organization

123 A Ave, , Los Angeles, CA 90210
Organization Mailing Address

CEO
Title or Position at Organization

111-222-3333
Phone Number of Individual Signing

MyName@Organization.com
Email Address of Individual Signing

Sign

Click to Sign

* Click to Sign

May 7, 2025

Signature Date

Step 25

Step 26: Once the DSA has been electronically signed by the organization’s Signatory, confirm that the “Account Status” for the Primary Organization is “DSA Document Signed”.

Please email dxfsupport@hcai.ca.gov if the status reflected is inaccurate.

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to ‘Send DSA for Signature’, triggering an email to the Signatory for electronic signature.

Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary 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.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

[Resend DSA for Signature](#)

Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007363	Parent Only, Not Exchanging	DSA Document Signed	Self	MyEmail@Email.com

As needed, return to the DSA Signing Portal and “DxF Data Sharing Agreement How To Guide” in the future to make modifications to your DSA. If updates are made, the DSA can be resent for signature to reflect changes made to your organization’s DxF DSA.

See the [DxF website](#) for weekly updates to the [DxF DSA Signatory List](#).

Should you have any questions, please email dxfsupport@hcai.ca.gov