



Data Exchange Framework

Request for Administrative Hearing Form

Appeal of Determination to Restrict Access to Health and Social Services Information under the Data Sharing Agreement

Instructions: Please complete all sections of this form to request an administrative hearing related to the Data Exchange Framework (DxF) Standard Operating Procedure: Participant Verification. Attach all supporting documentation, the notice of determination, and a statement supporting your reasons for appeal. **Note:** You have 30 calendar days from the date the determination was sent to you to file an appeal with the Department of Health Care Access and Information (HCAI) Hearing Officer.

Section 1: Participant Information

Full Name	
Title or Role at Organization	
Organization Name	
Phone Number	
Email Address	

Section 2: Hearing Request Details

Appellant appeals the attached HCAI determination and requests an administrative hearing.

I have attached a copy of the email or letter with HCAI's Determination to Restrict Access to Health and Social Services Information through the DxF.
(Please initial)

Provide a statement of the basis of your appeal.

I have attached a statement. (Please initial)

Section 3: Signature & Certification

Certification: I certify that the information provided in this request is true and accurate to the best of my knowledge. I understand that submitting false information may result in the denial of my request or other administrative action.

Signature	
Print Name	
Date	

Submit your completed form and supporting documents by email to: HearingOfficer@hcai.ca.gov or by mail to Department of Health Care Access and Information, Office of Appeals and Hearings, 2020 West El Camino Avenue, Suite 1217 Sacramento, CA 95833.