DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

Electronic Services Portal Citizen Access (eCA) Letter of Authorization

California Health and Safety Code § 129760 states: "The governing board of each hospital or other hospital governing authority, before adopting any plans for the hospital building, shall submit the plans to the office for approval and shall pay the fees prescribed in this chapter".

I, _____, _____am authorized to represent
(Representative Name)   (Representative Complete Title)

_____the governing authority of the health facilities
(Name of governing board or hospital governing authority)

listed in Attachment A and I hereby designate _____, _____:
(Designee Name)   (Designee Complete Title)

"Designee" to act on behalf of these facilities for all HCAI construction projects until this authorization is

revoked. This representative may submit project applications, amend construction documents, pay project

fees, and obligate any listed facility to additional project fees. Furthermore, I authorize this Designee to

authorize other individuals to act on his or her behalf by using eCA to delegate his or her system rights.

Representative Information

Representative
Signature: _____   Date: _____

Representative
Name (Print): _____

Complete Title: _____

Address: _____

_____

Phone: _____

Email: _____

Designee Information

Designee Name
(Print): _____

Complete Title: _____

Phone: _____

eCA Login Email: _____

This authorization expires five years from date of issuance unless revoked.

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Attachment A

HCAI Facility ID	Licensed Facility Name

Note: make additional copies of this page if there are more facilities than space provided. Each page must be signed by the Representative.

Representative Signature: _____   Date: _____

Form Instructions

The representative for the hospital governing board or other hospital governing authority completes this form and submits it to HCAI in order to establish the eCA Designee. The Designee is HCAI's primary eCA contact for the facilities listed in Attachment A.

1. Complete the all fields in the form
    a. Representative Name and Complete Title – The full name and complete title of the representative for the hospital governing board or other hospital governing authority.
    b. Designee Name and Complete Title - The full name and complete title of the eCA Designee.
    c. Representative Information
        i. Representative Signature and date – The representative's signature and date signed.
        ii. Representative Name – The printed name of the representative for the hospital governing board or other hospital governing authority.
        iii. Complete Title – The complete title of the representative for the hospital governing board or other hospital governing authority.
        iv. Address – The representative's mailing address.
        v. Phone – The representative's phone.
        vi. Email – The representative's email address.
    d. Designee Information
        i. Designee Name – The full name of the eCA Designee.
        ii. Complete Title – The title of the eCA Designee.
        iii. Phone – The Designee's phone.
        iv. eCA Login Email – The Designee's eCA Login Email. The eCA Designee must apply for an eCA account at https://esp.hcai.ca.gov/CitizenAccess/. The account login is the Designee's email address. HCAI will use this information to identify the Designee and associate the Designee with the facilities listed in Attachment A.
    e. Attachment A
       HCAI Facility Id – The five-digit, HCAI-assigned facility identification number for each facility.
        i. Licensed Facility Name – The complete licensed facility name.
2. Submit the form to HCAI for processing. The form may be sent any one of the following three ways.
    a. *Email*. Scan the signed form and email the copy to eCA.Access.Manager@hcai.ca.gov
    b. *Fax*. Fax the signed form to (916) 274-0102, Attention: eCA Access Manager
    c. *Mail*. Mail the signed form to:

       Department of Health Care Access and Information
       eCA Access Manager
       2020 West El Camino Avenue, Suite 800
       Sacramento, California 95833

3. HCAI will confirm receipt with an email to the representative email address provided with this form.