Delegation Order

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| I, [name and title], for [agency or hospital], do hereby delegate to [name, title, and department], all the power and authority necessary to request nonpublic patient level data associated with Request #: [request number] from the Department of Health Care Access and Information pursuant to Section 128766 of the California Health and Safety Code, to enter into the required data use agreement(s) on behalf of myself and [agency or hospital], and take all necessary steps to assure compliance with the data use agreement(s); and I make [him/her] my deputy for this purpose. | | | |
|  |  |  |  |
| [Name, Title, Agency or Hospital] | | Date | |
| I understand and accept this delegation. | |  | |
|  |  |  |  |
| [Name, Title, Agency or Hospital] | | Date | |