

**AGREEMENT FOR ELECTRONIC ATTENDANCE REPORTING  
DS 2086 (New 01/2013) (Electronic Version)**

As a provider of services (Service Provider) to persons with developmentally disabilities as authorized by a regional center, I hereby have read, understand and agree to the following terms and conditions regarding electronic transmission of attendance (EA) as required for reimbursement for services provided. I understand that the authority to submit electronic attendance data is conditional upon compliance with the following terms and conditions:

1. To submit EA only from the authorized users and email addresses specified in this agreement or as modified per the terms of this agreement;
2. To review the list of authorized email addresses, at least annually or as needed to ensure compliance with the terms and conditions of this agreement;
3. To notify the regional center, in writing, of any changes to the authorized email addresses set forth in this agreement. Prior written notification is required before a new authorized email address may be used;
4. To use appropriate password protection when submitting EA files;
5. To follow EA notices, bulletins and/or directives provided by a regional center;
6. To submit a Statement of Certification with each EA that certifies, under penalty of perjury, that the information submitted is true and in accordance with the consumer's written Individual Program Plan (IPP);
7. To retain all information that supports and verifies that the submitted EA information is true and correct and to retain such documentation for a minimum of five (5) years;
8. To furnish EA information as well as all information identified in Item 7 to the regional center, California Department of Health Services, California Department of Developmental Services, California Department of Justice, Office of State Controller, US. Department of Health and Human Services, and any other state or federal entity authorized to inspect such information or their duly authorized representatives;
9. To offer and provide services without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
10. To verify that no additional charges were made to other parties except those noted in the DS 1964 which provides for payment from other regional centers and/or the Department of Rehabilitation;

11. To not submit EA documentation until the required supporting documentation is completed and retrievable;
12. To comply with Welfare and Institutions Code Section 4514 and all other applicable statutes and regulations of the State of California regarding confidentiality of consumer information;
13. To defend and hold harmless the regional centers, DDS and the State of California from any liability or damage related to or in connection with the terms and conditions of this agreement.

I understand that this agreement and the authority to provide EA is conditional and may be terminated immediately by an authorized regional center with or without cause.

I understand and agree that this agreement shall be effective upon signing and by signing this agreement, I assume the responsibility and liability for all EA submitted on behalf of my business.

Date: \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_  
(Please Print)

Name of Business: \_\_\_\_\_  
(Please Print)

Mailing Address: \_\_\_\_\_  
(Address)

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

Vendor #: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_

---

## AUTHORIZED USER AND EMAIL ADDRESSES

User Name: \_\_\_\_\_  
*(Please Print)*

User Email Address: \_\_\_\_\_  
*(Please Print)*

Password: \_\_\_\_\_  
*(Please Print)*

User Name: \_\_\_\_\_  
*(Please Print)*

User Email Address: \_\_\_\_\_  
*(Please Print)*

Password: \_\_\_\_\_  
*(Please Print)*

User Name: \_\_\_\_\_  
*(Please Print)*

User Email Address: \_\_\_\_\_  
*(Please Print)*

Password: \_\_\_\_\_  
*(Please Print)*

---