

Secondary Provider Recreation of SAPC ROI Forms

Submission Questionnaire

Important Submission Notice

Please complete this questionnaire and email it with all required recreated SAPC ROI form attachments to SAPC Health Information Management (HIM) Section at SAPC-HIM@ph.lacounty.gov. SAPC HIM will not begin full review until all required information and documents are received.

Use the subject line: Secondary Provider ROI Recreation Review Submission – [Provider/Agency Name]. **Do not include real client Protected Health Information (PHI).** All completed sample forms must use dummy/test client information only.

Section 1: Provider/Agency Information

Enter the provider/agency information and the primary contact for this submission.

Provider/Agency Name	[Enter provider/agency name]
Primary Contact Name	[Enter contact name]
Primary Contact Title	[Enter title]
Primary Contact Email Address	[Enter email address]
Primary Contact Phone Number	[Enter phone number]
Form Developer/Project Lead Name, if any	[Enter form developer/project lead name]
Form Developer/Project Lead Email Address	[Enter email address]
Form Developer/Project Lead Phone Number	[Enter phone number]

Section 2: EHR System Information

Provide information about the EHR system used to generate the recreated SAPC ROI forms.

Name of EHR System

[Enter EHR system name]

Does your organization use this EHR system to collect electronic client signatures?

- ☐ Yes
- ☐ No
- ☐ Not currently, but we plan to use it for electronic signatures

Section 3: Required Attachments

Attach the following documents to the email submission. Completed sample forms must be fully completed using dummy/test client information only.

Sample Definitions:

1. Authorization Sample: A completed sample of the recreated SAPC ROI form demonstrating the standard authorization or consent workflow. The Revocation of Consent section must remain blank.
2. Revocation Sample: A completed sample of the recreated SAPC ROI form demonstrating the revocation workflow. The sample must demonstrate that the complete Revocation of Consent section is added to the finalized consent without altering, replacing, deleting, or otherwise modifying any information, selections, dates, or signatures contained in the original consent portion.
3. Signature by Mark Sample: A completed sample of the recreated SAPC ROI form demonstrating the signature-by-mark workflow. The sample must demonstrate that the client's mark and both witness signatures are clearly displayed and associated with the appropriate signature fields.

Submitted	Required ROI Form Samples	File Names
☐	Recreated Treatment and Care Coordination ROI 1. Authorization sample 2. Revocation sample 3. Signature by mark sample	[Enter File Names]

☐	Recreated Payment and Healthcare Operations ROI 1. Authorization sample 2. Revocation sample 3. Signature by mark sample	[Enter File Names]
☐	Recreated Legal Proceedings ROI 1. Authorization sample 2. Revocation sample 3. Signature by mark sample	[Enter File Names]
☐	Recreated Supplemental Authorized Individuals/Entities for ROI, if needed.	[Enter File Names]
☐	Additional supporting documentation or notes, if needed	[Enter File Names]

Suggested file naming convention: ProviderName_ROIFormType_SubmissionDate.pdf

Example: ABCRecovery_PaymentHealthcareOperationsROI_2026-07-01.pdf

Section 4: Provider Attestations

☐ By checking this box and submitting recreated forms for review, I acknowledge and agree that:

1. No real client PHI is included, and all sample forms use dummy/test information.
2. All recreated ROI forms are based on the current official SAPC-approved ROI forms.
3. SAPC HIM will review the recreated forms for being textually identical to official SAPC-approved ROI forms.
4. Once the recreated ROI form is finalized and signed in our EHR system, the content and signatures cannot be changed.
5. Recreated ROI forms may not be used until written approval is issued by SAPC HIM.
6. SAPC HIM may request corrections or resubmission if needed.
7. Approval covers only the version reviewed; any future SAPC ROI updates require new recreated forms and new approval.

Section 5: Additional Comments

[Enter any additional information that may assist SAPC HIM with reviewing the recreated SAPC ROI forms.]