## [135](http://lacnte3/IS/Intranet.nsf/6E5827CB528327C48825694C007129E4/06A3F33F19E46E76882576BA006008D6/$FILE/LG-2-LAC_HORZNTL_LOGO_4COLOR.jpg)Anthem Blue Cross RGB black Blue logo_10-11Care1st-Logo-wTag_4C14BFC2

## electronic SHA Format Notification Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **L.A. Care / Anthem / Care1st Providers: Fax completed form to 1-213-438-5042.**  If you have questions email [HealthEducation@lacare.org](mailto:HealthEducation@lacare.org) or call 1-855-856-6943. | | | | | |
| Clinic/Organization Name: | | | | | |
| Provider’s First Name: | | Last Name: | | | |
| Street Address: | | | | | |
| City: | | State: CA | Zip Code: | | |
| Phone No: | Fax No: | | Email: | | |
| Electronic SHA Format Notification | | | | | |
| Today’s date: | | | | | |
| 1. Expected date of implementation (must be at least two months after today’s date): | | | | | |
| 2. Check the age groups the electronic SHA format will be used for: | | | ❑ 0-6 months  ❑ 7-12 months  ❑ 1-2 years  ❑ 3-4 years  ❑ 5-8 years | | ❑ 9-11 years  ❑ 12-17 years  ❑Adult  ❑ Senior |
| 3. Indicate how you will be implementing the electronic SHA format: | | | ❑ Add the exact SHA questions into an electronic medical record  ❑ Scan the SHA to use it as an electronic medical record  ❑ Use the SHA in different electronic or paper-based format | | |
| 4. Electronic SHA format must include a way for the provider to document a signature. Describe how you will be documenting this on your system: | | | | | |
| 5. Electronic SHA format must include all updated SHA questions and questions should not be altered from their original form. Will your electronic format abide by these rules? | | | ❑ Yes  ❑ No | | |
| Signature | | | | | |
| **Provider Signature:** | | | | **Date:** | |
| **HEALTH PLAN USE ONLY** | | | | | |
| **Approver Signature:** | | | | **Date:** | |