



DxF Participant Directory

How To Guide

Updated March 2026

Please note that, as stated in the Participant Directory Policy and Procedure, Participants are responsible for ensuring the accuracy of their Exchange choices selected in the Participant Directory. All capitalized terms have the same meaning as in the DxF Glossary of Defined Terms.

1. Background

1.1. What is the DxF Participant Directory?

The Participant Directory is a listing of DxF Participant organizations and the Intermediaries and/or technologies they use to Exchange Health and Social Services Information (HSSI) under California's Health and Human Services (CalHHS) Data Exchange Framework (DxF). The listing is published weekly as a machine-readable flat file and a human-readable (Microsoft Excel) file, available for download from the CalHHS [DxF website](#). This "How To Guide" focuses on how to complete the Participant Directory for your organization, which then populates the DxF Participant Directory listing.

1.2. What does my organization need to do to be included in the DxF Participant Directory listing?

DxF Data Sharing Agreement (DSA) signatories must log in to the CalHHS [DxF DSA Signing Portal](#) (referred to herein as the 'Portal') to complete or update their Participant Directory choices and those of any Subordinate Organizations.

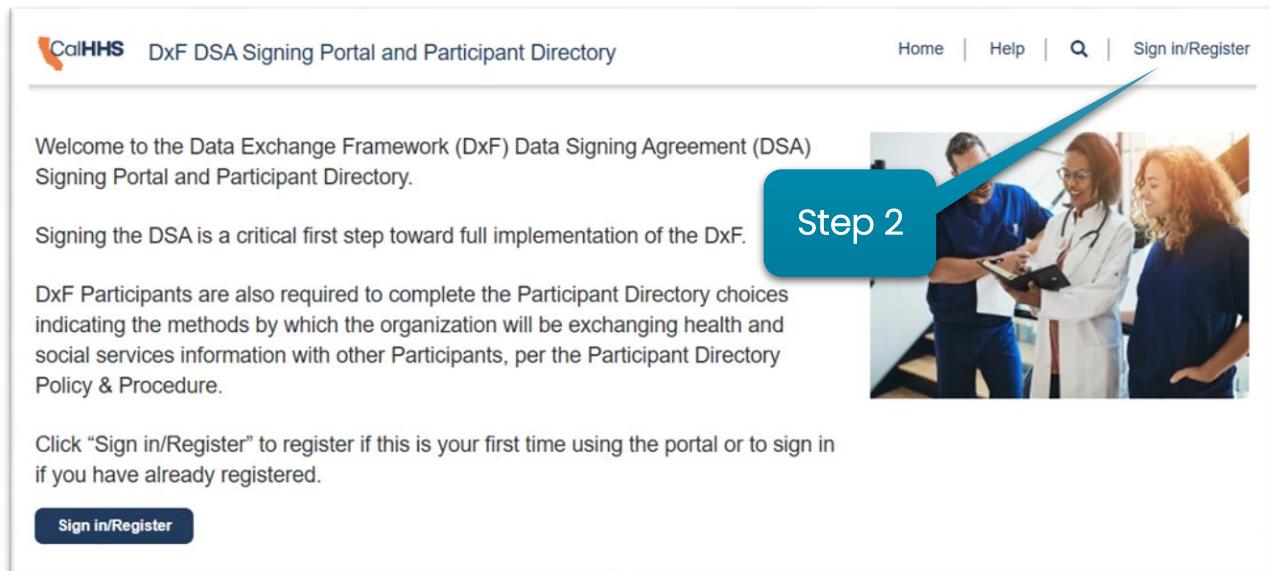
2. Instructions

2.1. Where to go to enter your Participant Directory choices for how to Exchange HSSI.

Step 1: Go to the DSA Signing Portal at <https://signdxf.powerappsportals.com>

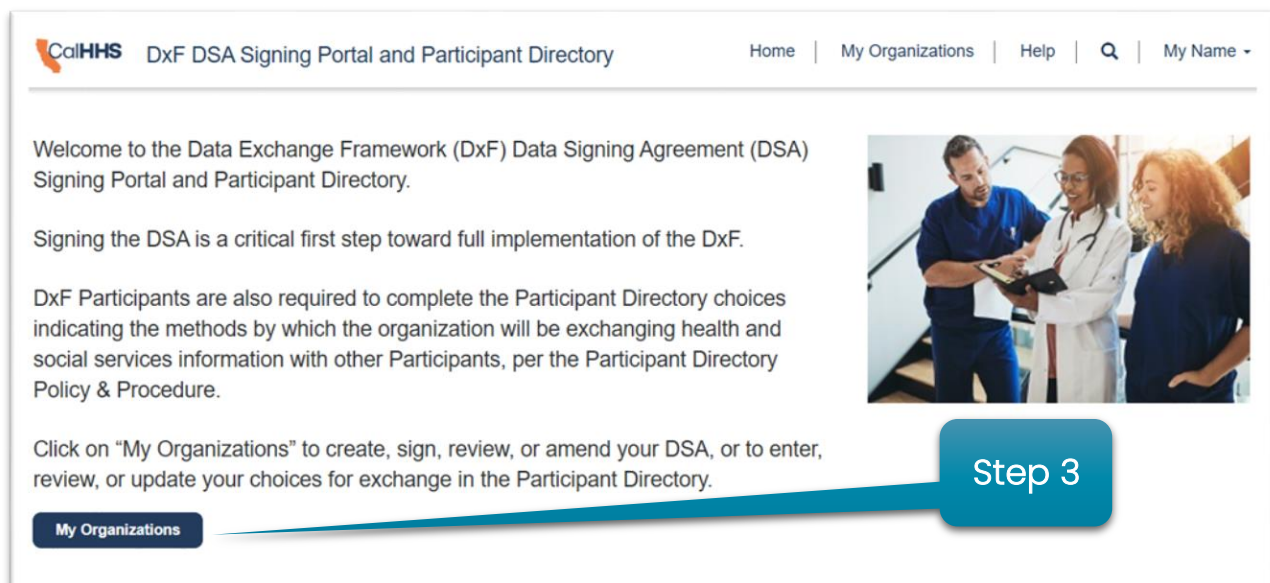
Step 2: Sign-in to your organization’s DSA Signing Portal account.

NOTE: If your organization has not signed the DSA, you may not yet have an account to log in to. Please select “Sign in/Register” to create your account today and for more information on signing the DxF DSA, see the [“DxF Data Sharing Agreement How To Guide”](#).



The screenshot shows the top of the 'DxF DSA Signing Portal and Participant Directory' website. The header includes the CalHHS logo, the page title, and navigation links for Home, Help, a search icon, and Sign in/Register. The main content area contains a welcome message, a paragraph about the importance of signing the DSA, and another paragraph about Participant Directory choices. A 'Sign in/Register' button is visible at the bottom left. A blue callout box with the text 'Step 2' points to the 'Sign in/Register' button.

Step 3: Once signed in, click on “My Organizations”.



The screenshot shows the website after a user has signed in. The navigation menu now includes 'My Organizations' between 'Home' and 'Help'. The main content area is identical to the previous screenshot, but the 'My Organizations' button at the bottom left is highlighted with a blue callout box containing the text 'Step 3'.

Step 4: You have navigated to the My Organizations page. Confirm that the “Account Status” for your Primary Organization is accurate. If the Account Status does not reflect “DSA Document Signed”, see the “DxF Data Sharing Agreement How To Guide” for instructions on how to sign the DSA for your organization.

Please email dxfsupport@hcai.ca.gov if you believe the status reflected in your Primary Organization’s “Account Status” is inaccurate.

My Organizations

California Health and Safety Code § 130290 (aka SB-660) requires certain California entities sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA). The DxF DSA incorporates a series of policies and procedures (rules and requirements for participation), which can be found on the HCAI DxF website (<https://dxf.chhs.ca.gov/policies-and-procedures/>).

To sign the DSA to become a DxF Participant, complete the information on the Primary Organization (required) and Subordinate Organizations (if applicable). Once the information is complete for the Primary and Subordinates (as applicable), click to 'Send DSA for Signature', triggering an email to the Signatory for electronic signature.


Primary Organization: the parent organization that will be signing the DSA.

Subordinate Organizations: as applicable, add any facilities that are part of the parent Primary Organization where the signatory of the Primary Organization has authority to sign on their behalf. For example, the CEO of a health system might be authorized to sign on behalf of multiple hospitals and medical groups.

For information on the CalHHS DxF, visit the [DxF Website](#).

To receive updates on the DxF, sign up [here](#).

Primary Participant Seal



[Download Participant Seal](#)

[Participant Seal Usage Instructions](#)

[Resend DSA for Signature](#)

Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007363	Parent Only, Not Exchanging	DSA Document Signed	Self	MyEmail@Email.com

Step 5: Confirm that the information in the “Primary Organization” and “Subordinate Organizations” (as applicable) sections is correct.

NOTE: For more information on how to enter information on your organization or add Subordinate Organizations, see the [“DSA Signing How To Guide”](#).

DxF DSA Signing Portal and Participant Directory
Home | My Organizations | Help | | My Name -

My Organizations

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Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007366	Parent Only, Not Exchanging	DSA Document Signed	Self	MyEmail@Email.com

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

[Add Subordinate Organization to DSA](#)

[Add Subordinate Organization to Participant Directory](#)

Account Name ↑	DxF ID	On DSA	Terminated or Ceased	Delaying Exchange Until	Request for Information	Information Delivery	Requests for Notification of ADT Events
My DSA Subordinate Lab	DXF007366	Yes					

Step 5

Step 6: Click on your Primary Organization to complete the Participant Directory choices for the Primary Organization.

CalHHS DxF DSA Signing Portal and Participant Directory Home | My Organizations | Help | Q | My Name -

My Organizations

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Primary Participant Seal



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[Participant Seal Usage Instructions](#)

[Resend DSA for Signature](#)

Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007363	Parent Only, Not Exchanging	DSA Document Signed	Self	MyEmail@Email.com

Step 6

Step 7: Skip past the “Copy the choices for this Primary Organization to all Subordinate Organizations” checkbox (covered in [Step 10](#) below).

Methods of Exchange

Copy the choices for this primary organization to all subordinate organizations

Step 8: Begin with the “Eligibility to Delay Exchange” section. Certain types of organizations are eligible to delay Exchange of or Access to HSSI under the DxF. If your organization is not eligible, please do not check a box and proceed to [Step 9](#).

- a. HSC § 130290(b)(1) permits certain organizations to delay until July 1, 2026. Select the checkbox to delay Exchange only if the organization is permitted to delay Exchange and chooses to exercise this option. Then click “Save & Close” and proceed to [Step 10](#).
 - i. Medical foundations exempt from licensure pursuant to subdivision (l) of HSC § 1206
 - ii. Emergency medical services, as defined by HSC § 1797.72
- b. HSC § 130290(b)(3) permits certain organizations to delay until January 31, 2029. Select the checkbox to delay Exchange only if the organization is permitted to delay Exchange and chooses to exercise this option. Then click “Save & Close” and proceed to [Step 10](#).
 - i. Facilities described in subdivision (a) of [HSC § 1180.2](#): state hospitals operated by the State Department of State Hospitals and facilities operated by the State Department of Developmental Services that utilize seclusion or behavioral restraints

NOTE: Only organizations who are permitted by Health and Safety Code section 130290(b) and/or the [Requirement to Exchange Health and Social Services Information P&P](#) may elect to check one of the “I exercise my option to delay” checkboxes. Organizations that exercise the option to delay Exchange of HSSI may also delay completing their Participant Directory Exchange choices in [Steps 9–9.2](#) until their delay of Exchange date. See [DxF FAQs](#) for more information about delaying Exchange.

Eligibility to Delay Exchange

Per [Health and Safety Code § 130290](#) and the [DxF Policies & Procedures](#), certain types of organization are eligible to delay Exchange of or Access to Health and Social Services Information (HSSI) under the DxF. If your organization is eligible and elects to delay exchange, select the appropriate checkbox below. If your organization is not eligible, please do not check a box and proceed to the [Methods of Exchange](#) subsection below.

HSC § 130290(b)(2) and the [DxF Requirement to Exchange Health and Social Services P&P](#) permits certain organizations to delay until 01/31/2026

I exercise my option to delay Exchange of HSSI under the DxF until January 31, 2026.

HSC § 130290(b)(1) permits Medical Foundations exempt from licensure and Emergency Medical Services to delay until 07/01/2026

I exercise my option to delay Exchange of HSSI under the DxF until July 1, 2026.

HSC § 130290(b)(3) permits facilities described in subdivision (a) of [HSC § 1180.2](#) to delay until 01/31/2029

I exercise my option to delay Exchange of HSSI under the DxF until January 31, 2029.

Step 8

Step 9: If your organization is obligated or chooses to start exchanging (a checkbox is not selected in **Step 8**), complete the Participant Directory Exchange choices. *For each of the three types of Exchange, one choice must be selected from each dropdown.*

First Exchange choice: Request for HSSI

“Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to Exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.”

- In this field, click on the dropdown to select the method by which your Primary Organization chooses to receive requests for HSSI from other Participants.
- The dropdown selections include or may include:
 - Nationwide networks and frameworks,
 - DxF Qualified Health Information Organizations (“Qualified HIOs” or QHIOs),
 - Intermediaries that are not QHIOs,
 - “ONBOARDING TO QHIO” indicates a Participant who is in the process of connecting to a QHIO,
 - “SELF” indicates that your organization uses point-to-point interface(s) to your own technology (see more information about “SELF” below),
 - “OTHER” indicates that your organization Exchanges via an Intermediary not listed in the dropdown (see more information about “OTHER” below),
 - “NOT APPLICABLE” indicates that the Participant does not Maintain any Health and Social Services Information (HSSI).

Second Exchange choice: Information Delivery

“Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they create in response to an Order or Referral. This is not how you wish to receive information you have requested; but is for information generated and “pushed” to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.”

- In this field, click on the dropdown to select the method by which your Primary Organization chooses to receive HSSI from other Participants in response to an Order or Referral.
- The dropdown selections have the same meaning as those outlined above for the “Choice for exchange entity to use to request HSSI from me” field, with the following exception:

- “NOT APPLICABLE” indicates that the Participant elects not to participate in this optional Exchange type.

Third Exchange choice: How Hospitals, EDs, SNFs, and some Intermediaries accept requests, via a roster, for ADT Event Notifications

“Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QHIOs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.”

- In this field, if you are a hospital, ED, SNF who elects to participant in this Exchange type, QHIO, or other Intermediary, click on the dropdown to select the method by which your Primary Organization chooses to receive rosters of Individuals from other Participants requesting to receive Notifications of ADT Events from you.
- The dropdown selections have the same meaning as those outlined above for the “Choice for exchange entity to use to request HSSI from me” field, with the following exceptions:
 - “NOT APPLICABLE” indicates that the Participant is not a Hospital or Emergency Department, is not an Intermediary offering this service to Hospitals or Emergency Departments, or is a skilled nursing facility (SNF) that elects not to participate in this Exchange type (optional for SNFs).

NOTE: Intermediaries that provide a service to another Participant to facilitate DxF Exchange must enter a choice other than “NOT APPLICABLE” for that Exchange type.

Methods of Exchange

- Copy the choices for this primary organization to all subordinate organizations

Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.

Please choose one:

Step 9

Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they receive in response to an Order or Referral. This is not how you wish to receive information you have requested; but is for information generated and pushed to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.

Please choose one:

Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the PHOs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.

Please choose one:

Step 9.1: If you have selected “SELF” for *any* of the three types of Exchange, you must provide a “URL providing a description of how to contact you to establish the point-to-point interface” and/or “Business Email Address” along with “Business Phone Number” for the technical point of contact for establishing a point-to-point interface.

NOTE: You may list only one URL or one technical point of contact even if selecting “SELF” for more than one Exchange type.

NOTE: Please use only a business email address or phone number as this information will be made publicly available to allow other Participants to contact your organization to establish a point-to-point interface.

Choose the entity that you prefer other Participants or their Intermediaries use to send you requests for HSSI you Maintain. If you do not Maintain HSSI or intend only for your subordinate organizations to exchange HSSI, you may choose NOT APPLICABLE. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. Do not leave this choice blank.

Please choose one:

SELF

Choose the entity that you prefer other Participants or their Intermediaries use to send you HSSI that they create in response to an Order or Referral. This is not how you wish to receive information you have requested but is for information generated and “pushed” to your organization. You may choose SELF if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You may choose NOT APPLICABLE if you do not wish to participate in this optional Exchange type. Do not leave this choice blank.

Please choose one:

Select

Choose how Participants ask you for notifications of ADT Events by choosing the entity that you prefer other Participants or their Intermediaries use to send you a list of the Individuals for which they wish to receive notifications of admissions and discharges. This choice is intended for Hospital and Emergency Departments, skilled nursing facilities that choose to participate, and the QHIOs or other Intermediaries that serve these entities. You may choose SELF if you prefer that Participants or their Intermediaries contact you directly or if you prefer point-to-point interfaces to your own technology. You may choose OTHER if the entity you prefer is not listed. You should choose NOT APPLICABLE if you do not admit or discharge Individuals. Do not leave this choice blank.

Please choose one:

Select

URL providing a description of how to contact you to establish the point-to-point interface

Business email address for a technical point of contact for establishing a point-to-point interface

Business phone number for a technical point of contact for establishing a point-to-point interface (XXX-XXX-XXXX)

Step 9.1

Step 9.2: If you have selected “OTHER” for any of the three types of Exchange, the Intermediary Exchange entity “Name”, “Email” and “Phone Number” (XXX-XX-XXXX) are required for *each* selection of “OTHER”.

Continue through **Step 10** below to complete the choices for your Primary Organization.

Please choose one:

OTHER

Name of OTHER exchange entity

Business email address of the OTHER exchange entity

Business phone number of the OTHER exchange entity (XXX-XXX-XXXX)

Step 9.2

Step 10: If your Primary Organization has Subordinate Organizations, the Participant Directory information will need to be completed for each Subordinate Organization.

“Copy the choices for this Primary Organization to all Subordinate Organizations” checkbox:

- Select the “Copy the choices” checkbox if your Subordinate Organizations use the same methods for Exchange as the Primary Organization. Checking this box will copy the Exchange choices made for the Primary Organization to all of your Subordinate Organizations.
 - You should now see your Participant Directory Exchange choices populated for your Subordinate Organizations on the My Organizations page.
 - **NOTE:** you may still make modifications to the Exchange choices for your Subordinate Organizations (see **Step 11**).
- Do not select the “Copy the choices” checkbox if your Subordinate Organizations do not all use the same methods for Exchange as the Primary Organization. Complete the Participant Directory Exchange choices for any Subordinate Organization by continuing on to **Step 11** below if the Subordinate Organization has Exchange methods that differ from the Primary Organization.

Methods of Exchange

Copy the choices for this primary organization to all subordinate organizations

Step 10

Click “Save & Close” to complete the Participant Directory choices for your Primary Organization.

2.2. Completing Participant Directory choices for Subordinate Organizations

Step II: Listed in the “Subordinate Organizations” section of the My Organizations page are Subordinate Organizations 1) included in your signed DSA and/or 2) that you may have added to the Participant Directory listing only.

Participant Directory choices must be made for all Subordinate Organizations.

Click on the name of each Subordinate Organization to complete the Participant Directory choices for how the Subordinate Organization will Exchange.

CalHHS DxF DSA Signing Portal and Participant Directory Home | My Organizations | Help | Q | My Name -

My Organizations

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Primary Organization: the parent organization that will be signing the DSA.

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Primary Organization

Account Name ↑	DxF ID	Account Type	Account Status	Signatory	Signatory Email Address
My Primary Organization	DXF007363	Parent Only, Not Exchanging	DSA Document Signed	Self	MyEmail@Email.com

Subordinate Organizations

Add any additional subordinate organizations that are participating in Exchange of HSSI under the DxF as required in the Participant Directory P&P.

[Add Subordinate Organization to DSA](#) [Add Subordinate Organization to Participant Directory](#)

Account Name ↑	DxF ID	On DSA	Terminated or Ceased	Delaying Exchange Until	Request for Information	Information Delivery	Requests for Notification of ADT Events
My_DSA Subordinate Lab	DXF007366	Yes					

Step 12: You have navigated to the “Subordinate Organization Information” page where you will add details about how your Subordinate Organization will Exchange as part of the DXF.

In the “**Copy the choices for this Subordinate Organization from those of its Primary Organization**” checkbox:

- Select the “Copy the choices” checkbox if this Subordinate Organization uses the same methods for Exchange as the Primary Organization. Checking this box and clicking “Save & Close” will copy the Primary Organization’s Exchange choices to this Subordinate Organization and complete the Participant Directory choices for the Subordinate Organization.
- Do not select the “Copy the choices” checkbox if this Subordinate Organization does not use the same methods for Exchange as the Primary Organization. Proceed to **Steps 8-9.2** to complete the “Participant Choices” section for the Subordinate Organization.



Methods of Exchange

Copy the choices for this subordinate organization from those of its primary organization

Step 12

Step 13: Review all choices saved as they appear in the tables on the My Organizations page. If you find any of the choices are incorrect, return to the organization information pages and edit the choices by clicking on the organization name that contains the error.

As needed, return to the Participant Directory and “How To Guide” in the future to make modifications to your choices. See the [DxF Resource Library](#) for weekly updates to the Participant Directory listing.

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My DSA Subordinate Lab	DXF007366	Yes		01/31/2026	Carequality	Carequality	Cozeva