



## Directory Removal for At-Risk Providers Form

Pursuant to Uniform Provider Directory Standards cited by Health and Safety Code (HSC) 1367.27(k) and Insurance Code 10133.15(k), if one of the below conditions is met, Health Net will omit a provider, provider group or category of providers similarly situated from the Community Health Plan of Imperial Valley directory.

If any of the below applies to you, please initial next to the condition that has been met in order to be omitted from the directory, and sign and date the statement at the bottom. **Please complete and submit this form via secure fax, or scan and email to following:**

Fax number	Email address
866-524-1286	faxback.projects@healthnet.com

\_\_\_\_\_ The provider is currently enrolled in the Safe at Home program ([www.sos.ca.gov/registries/safe-home](http://www.sos.ca.gov/registries/safe-home)).

\_\_\_\_\_ The provider fears for his or her safety or the safety of his or her family due to his or her affiliation with a health care service facility or due to his or her provision of health care services.

\_\_\_\_\_ A facility or any of its providers, employees, volunteers, or patients is or was the target of threats or acts of violence within one year of the date of this statement.

\_\_\_\_\_ Good cause or extraordinary circumstances (must provide detailed information on the cause or circumstances).

Group and/or provider name: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I hereby confirm that the identified condition has been met and I should be omitted from the Community Health Plan of Imperial Valley provider directory.

\_\_\_\_\_  
Printed name (include title if signing on behalf of a provider group or other similarly situated provider).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date