Health Home Consent

NEW YORK STATE DEPARTMENT OF HEALTH

Office of Health Insurance Programs

Enrollment

For Use with Children under 18 Years of Age

Instructions: This form must be used to enroll children who are less than 18 years of age into a Health Home* and must be signed by the child's parent, guardian, or legally authorized representative. Legally authorized representative for enrollment in a Health Home is defined as: "a person or agency authorized by state, tribal, military or other applicable law, court order or consent to act on behalf of a person in making health care decisions". The *Health Home Consent/Information Sharing/For Use with Children Under 18 Years of Age form* (DOH 5201) must also be completed and signed by all necessary parties.

***[Please note, children who are parents, pregnant, and/or married, and who are otherwise capable of consenting, should not use this form. Rather, they must use the *Health Home Patient Information Sharing Consent* form (DOH 5055)].**

Coordinated Behavioral Care
HEALTH HOME NAME

_____
PRINT NAME OF CHILD

_____
CHILD'S DATE OF BIRTH

It has been explained to me that the child named above is qualified to be in a Health Home.

I have read and understand the Health Home FAQ sheet.
My questions about the Health Home Program have been answered by _____.
HEALTH HOME REPRESENTATIVE NAME AND TITLE

I understand what the Health Home Program is and how it can help this child. I understand what being enrolled in a Health Home means and why this child's health information will be shared.

By signing this form, I agree for _____
NAME OF CHILD

to be enrolled in the Coordinated Behavioral Care Health Home.
NAME OF HEALTH HOME

I understand that this consent form takes the place of other Health Home enrollment forms I may have signed before.

I know that I can change my mind and take back this consent at any time by signing a *Health Home Consent/Withdrawal of Health Home Enrollment and Information Sharing/For Use with Children Under 18 Years form* (DOH 5202).
If I do not sign this consent form, I understand that the child will not be enrolled in the Health Home.

_____
PRINT NAME OF CHILD'S PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE

_____
RELATIONSHIP OF PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE TO CHILD

_____
SIGNATURE OF CHILD'S PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE

_____
DATE