

Health Home Consent
Enrollment

NEW YORK STATE DEPARTMENT OF HEALTH

Office of Health Insurance Programs

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)].**

Care Design NY
HEALTH HOME NAME

Sarah J. Master
PRINT NAME OF CHILD
1/28/2002
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. Carrie Wood/ Medicaid Service Coordinator

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 Sarah J. Master
NAME OF CHILD

to be enrolled in the Care Design NY 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.

Aaron S. Master
PRINT NAME OF CHILD'S PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE

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

Aaron S. Master
SIGNATURE OF CHILD'S PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE

4/19/18
DATE

