

**Health Home Consent**  
**Withdrawal of Health Home Enrollment and Information Sharing**  
**For Use with Children under 18 Years of Age**

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**Instructions:** This form must be used for children less than 18 years of age who have been enrolled in a Health Home and completed *Health Home Consent/Enrollment/For Use with Children Under 18 Years of Age* form (DOH 5200) and *Health Home Consent/Information Sharing/For Use with Children Under 18 Years of Age* form (DOH 5201)\*. This form is to disenroll from the Health Home and take away consent to release health information for children who have been enrolled in a Health Home. Withdrawal of consent for children under age 18 must be provided by the parent, guardian or legally authorized representative. Legally authorized representative for the purpose of withdrawing consent 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”.

**\*[Please note, children who are parents, pregnant, and/or married, and who are otherwise capable of consenting, should not use this form to disenroll and withdraw consent to release health information. Rather, they must use the *Health Home Patient Information Sharing – Withdrawal of Consent form (DOH 5058)*].**

\_\_\_\_\_  
PRINT NAME OF HEALTH HOME

\_\_\_\_\_  
PRINT NAME OF CHILD

\_\_\_\_\_  
CHILD'S DATE OF BIRTH

By signing this form I am saying that I do not want the child named above to be in the \_\_\_\_\_ Health Home.  
NAME OF HEALTH HOME

By signing this form I understand that effective on the date this form is signed:

- I am taking away my permission for the Health Home to share this child's health information with providers, and others in the Health Home program, including everyone listed in *Health Home Consent/Information Sharing/For Use with Children Under 18 Years of Age* (DOH 5201)
- the providers who already have this child's health information do not have to give it back to this child or myself, or take it out of their records;
- this information will still be protected under New York State and Federal laws and rules; and
- this child can still get health care or other care management services.

\_\_\_\_\_  
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

## **Details about Health Information and the Withdrawal of Consent Process**

### **1. How will the Health Home and providers further use this child's health information?**

The Health Home and providers may no longer share or use this child's health information.

### **2. What will happen to this child's health information?**

This child's health information will be kept by providers who already have this child's information, but they still must protect it by following all New York State and Federal laws and rules.

### **3. What laws and rules cover how this child's health information can be shared?**

These laws and regulations are New York Education Law Section 6530(23), Mental Hygiene Law Section 33.13, New York Public Health Law Article 27-F, the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164, and the federal confidentiality regulations in 42 CFR Part 2.

### **4. Who can share this child's information after I withdraw consent?**

As of the date this form is signed, no one can obtain any new health information about this child, but information that has already been shared cannot be taken back.

### **5. What if a person uses this child's information and I didn't agree to let them use it?**

If you or the child thinks a person used the child's health information, and neither you nor the child agreed to give that person the child's health information, you can:

- call the Office of Civil Rights at 1-800-368-1019, or
- submit a written complaint at: <http://www.hhs.gov/ocr/civilrights/complaints/>

### **6. How long does my withdrawal of consent last?**

Your withdrawal of consent will last forever. However, if you change your mind, please let this child's health plan, his/her physician or his/her former Health Home know that you are interested in this child being in a Health Home program again. If future enrollment occurs, new consent forms must be signed.

### **7. How do I get a copy of this form?**

After you sign this Withdrawal of Consent Form, a copy will be given to you.