

Guide to Edits for the Health Home Member Information Sharing Consent (DOH 5055)

Summary: As of June 2026, the Health Home Member Information Sharing Consent (DOH 5055) reflects revised language (indicated by text in **red**) alongside prior language (indicated by text crossed out text in black). The revised June 2026 form supersedes all previous DOH 5055 documents and reflects an implementation date of **September 1, 2026**. Health Homes may use this form as soon as it is released but at a minimum, **must** use it for all enrollments September 1, 2026 and thereafter. If there are discrepancies between the DOH 5055 and this guide to edits, please adhere to the language in DOH 5055 form, and notify the Department at via the [Health Home BML](#)- subject Health Home Policy.

Page and Section	Update Made	Update Specifications Language may be completely new or partially reused from earlier form versions. Reference "Former Location of Information" column.	Former Location of Information
Pages 1-3	<ul style="list-style-type: none"> Extended length of consent form. 	The prior version of this consent form, DOH-5055 (03/18), was three (3) pages in length. Because of the revisions outlined in this Guide to Edits and to comply with readability standards, it had to be extended to four (4) pages in length despite efforts to keep it concise. Some of the page numbers for revisions outlined below may now be located on a different page – these have been annotated under <i>Update Made</i> column.	n/a
Page 1	<ul style="list-style-type: none"> Changed "Patient/Patients" to "Member/Members" in the title and throughout the entire consent form. 	Example: Health Home Patient Member Information Sharing Consent	Revision to prior language
Page 1	<ul style="list-style-type: none"> Removed Name of Health Home and the fillable line from the top of this page. It is redundant with the first line within the first paragraph where the name of the Health Home is inserted. 	_____ Name of Health Home	Revision to prior language
Page 1	<ul style="list-style-type: none"> Added new language 	The Health Home may get and share your health information, including your health records, from partners listed at the end of this form and others who are legally allowed to receive it and/or from others through the following computer systems:	New language
Page 1	<ul style="list-style-type: none"> Adjusted language and realigned this section that describes the computer systems from which Health Homes may get and share health 	The Health Home may get and share your health information, including your health records, from partners listed at the end of this form and others who are legally allowed to receive it and/or from others through a the following computer systems: run by the , a Regional Health Information Organization (RHIO) and/or a computer system called PSYCKES run by the New York State Office of Mental Health, and/or a computer system called TABS/CHOICES. A RHIO uses a computer system to collect and store your health information, including medical records, from your doctors and health care providers who are part of the RHIO. The RHIO can only share your health	Revised and new language

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	<p>information</p> <ul style="list-style-type: none"> Replaced reference to RHIO with SHIN-NY Added UASNY 	<p>information with the people who you say can see or get your health information. PSYCKES is a computer system to collect and store your health treatment from your doctors and health care providers who are part of the Medicaid program. TABS/CHOICES is a computer system run by the New York State Office for People With Developmental Disabilities, that collects and stores information about your developmental disabilities.</p> <ul style="list-style-type: none"> The Statewide Health Information Network for New York (SHIN-NY) run by the New York State Department of Health. The SHIN-NY collects and stores health information, including medical records, from their doctors and health care providers. The SHIN-NY can only share your health information with the people who you say can see or get your health information PSYCKES run by the New York State Office of Mental Health. PSYCKES is a computer system to collect and store your health treatment from your doctors and health care providers who are part of the Medicaid program TABS/CHOICES run by the New York State Office for People With Developmental Disabilities. TABS/CHOICES is a computer system that collects and stores information about your developmental disabilities The Uniform Assessment System NY (UASNY) run by the New York State Department of Health. The UASNY is a secure statewide database that captures and stores identifying information and completed assessments for each individual that receives services. 	
Page 1	<ul style="list-style-type: none"> Changed RHIO to SHIN-NY Added UASNY Removed redundant language 	<p>If you agree and sign this form, the Health Home and the partners listed on this form are allowed to get, see, read and copy, and share with each other, ALL of your health information (including all of your health information the Health Home obtains from the <u>SHIN-NY</u> and/or from PSYCKES and/or from TABS/CHOICES, <u>and/or the UASNY</u>) that they need to give you care, manage your care or study your care to make health care better for <u>members</u>. The health information they may get, see, read, copy and share may be from before and after the date you sign this form. Your health records may have information about illnesses or injuries you had or may have had before; test results, like X-rays or blood tests; and the medicines you are now taking or have taken before. Your health records may also have information on:</p>	Revised and new language
Page 1	<ul style="list-style-type: none"> Added language to clarify that signing this consent means giving permission to obtain and share information related to HIV/AIDS status, mental health, and drug and alcohol use Clarified or removed 	<p>Your health information is private and cannot be given to other people without your permission under New York State and U.S. laws and rules. The partners and the Health Home that can get and see your health information must obey all these laws and rules. They cannot give your information to other people unless you agree or the law says they can. give the information to other people. This is true if your health information is on a computer system or on paper. Some laws cover care for HIV/AIDS, mental health records, and drug and alcohol use. The partners that use your health information and the Health Home must obey these laws and rules. By signing this form, you are giving your permission to obtain and share information related to your HIV/AIDS status, mental health, and drug and alcohol use to coordinate care and services, as needed.</p>	Revised and new language

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	redundant language		
Page 1	<ul style="list-style-type: none"> Adjusted language to replace RHIO with SHIN-NY Added UASNY Removed reference to completing the DOH 5058 to withdraw consent and added who to contact NOTE: In the (03/18) version of this form, this statement and the signature lines were on page 1. In this revised version, they are now on page 2. 	<p>I AGREE to be in the _____ Health Home and agree that the Health Home can get ALL of my health information from the partners listed at the end of this form and from others through _____ RHIO the SHIN-NY and/or through PSYCKES and/or through TABS/CHOICES and/or UASNY to give me care or manage my care, to check if I am in a health plan and what it covers, and to study and make the care of all patients-members better. I also AGREE that the Health Home and the partners listed at the end of this form may share my health information with each other and others who are legally allowed to receive it. I understand this Consent Form takes the place of other Health Home Patient/Member Information Sharing Consent Forms I may have signed before to share my health information. I can change my mind and take back my consent at any time by signing a Withdrawal of Consent Form (DOH-5058) and giving it to one of the Health Home partners. contacting my Care Manager, Care Management Agency, or Health Home.</p>	Revised and new language
Page 2	<ul style="list-style-type: none"> Added regulation for SHIN-NY NOTE: In the (03/18) version of this form, this question was on page 2. In this revised version, it is now on page 3. 	<p>3. What laws and rules cover how my health information can be shared? These laws and regulations include New York Mental Hygiene Law Section 33.13, New York Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 and 45 CFR Parts 160 and 164 (which are the rules referred to as "HIPAA"). 10 NYCRR Part 300 – Statewide Health Information Network for New York (SHIN-NY).</p>	New language
Page 2	<ul style="list-style-type: none"> Removed reference to completing the DOH-5058 to withdraw consent and added who to contact NOTE: In the (03/18) version of this form, this question was on page 2. In this revised 	<p>7. What if I change my mind later and want to take back my consent? You can take back your consent at any time by signing a Withdrawal of Consent Form (DOH-5058) and giving it to one of the Health Home partners. contacting your Care Manager, Care Management Agency, or Health Home. If you agree to share your information, all Health Home partners listed at the end of this form will be able to get your health information. If you do not wish the Health Home partners listed on this form to get your health information, you need to take away your consent from the Health Home program. You can get this form do this by calling _____ . Your care manager will help you fill out this form if you want. Note: Even if you later decide to take back your consent, providers who</p>	Revised and new language

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	version, it is now on page 3.	already have your information do not have to give your information back to you or take it out of their records.	