



Medical Aid in Dying Reporting Guidance

1. Introduction

Effective August 5, 2026, the attending physician who prescribes medication for medical aid in dying pursuant to Public Health Law Article 28-F is required to report the following information via the MAID Reporting Form <https://smartforms.health.ny.gov/maid> on the Health Commerce System (HCS) to NYS Department of Health within five days of issuing the prescription:

Patient Information including:

- First Name
- Last Name
- Date of Birth (DOB)
- Gender
- County of Residence
- Care Setting (private residence, adult care facility, hospice facility, nursing home, hospital)

Attending Physician Information including:

- Physician name
- Practitioner license title (NYS License Certificate)
- Practitioner license number (NYS License Certificate)

Consulting Physician (who confirms that the patient has a terminal illness or condition and has made a voluntary, informed decision to request medication for MAID) Information including:

- Physician name
- Practitioner license title (as listed on NYS License Certificate)
- Practitioner license number (as listed on NYS License Certificate)

Mental Health Professional (who determines that the patient has decision-making capacity) Information including:

- Mental Health professional name
- Practitioner license title (as listed on NYS License Certificate)
- Practitioner license number (as listed on NYS License Certificate)

Terminal Illness/Medication Information including:

- Date Prescription was Prescribed
- Medication Name
- Medication Dosage Form
- Medication Strength/Amount (in the correct units of measurement – e.g. weight mcg, mg, g, volume mL)

2. Accessing and Submitting the MAID Reporting Form

You can access the MAID Reporting Form, by using this link: <http://smartforms.health.ny.gov/maid>

1. Log in with your HCS account
2. Issues or concerns logging in, please reach out to the Health Commerce System and ask to speak with a Health Commerce Trainer for further assistance. They can be reached at 518-473-1809 or 1-866-529-1890.



User ID

Password

[Forgot Your User ID or Password](#) ☐ Remember User ID

 Success! 

[Privacy](#) [Help](#)

LOGIN

Don't Have An Account? [Sign Up Here](#)
Having trouble logging in? [Report a problem here](#)

If you do not have a HCS account, please follow this instruction to set up a HCS account for medical professionals [Paperless HCS Medical Profession Account](#)

1. As the MAID Reporting Form contains Protected Health Information (PHI), the next screen is Multi-Factor Authentication (MFA) Challenge, where you will select the MFA method you have set up with your HCS account

Multi-Factor Authentication (MFA)

Challenge Methods

- Security Email
- Authenticator App
- RSA token
- SMS

← Please select an MFA Challenge method from the left menu.

[Help](#)

2. Click the button for a passcode to be sent to the selected method

Multi-Factor Authentication (MFA)

Challenge Methods

- Security Email
- Authenticator App
- RSA token
- ✓ SMS

We will send a text (SMS) with a one-time code to ***-***-9863.

Click here to receive code

[Help](#)

3. Enter the code and click verify

Multi-Factor Authentication (MFA)

Challenge Methods

- Security Email
- Authenticator App
- RSA token
- SMS**

We sent a text (SMS) with a one-time code to ***-***-9863.

- You will be logged out of HCS after 3 unsuccessful attempts
- The one-time passcode will expire in 5 minutes. (starting from Jul 15, 2026, 3:25:28 PM)

One-time Passcode:

8 1 5 6 8 1 |

Did not receive a message? [Resend Code](#)

☐ Remember this browser on the current device to skip MFA for 30 days.
⚠ Do NOT check if this device is shared.

Verify

[Help](#)

4. To add a new MAID Report, select +Add MAID Report

MAID Report Records

[+ Add MAID Report](#)

Search records...

6 columns selected

Resource Id	Patient First Name	Patient Last Name	Patient Date Of Birth	Patient Gender	New York State County Of Residence	Actions
No records found matching your search criteria						

Showing 0 to 0 of 0 entries

5. A pop up will show, fill in all information regarding the patient and click submit

Survey Management and Response Tool (SMART)

Add MAID Report

Patient First Name *

Patient Last Name *

Patient Date of Birth

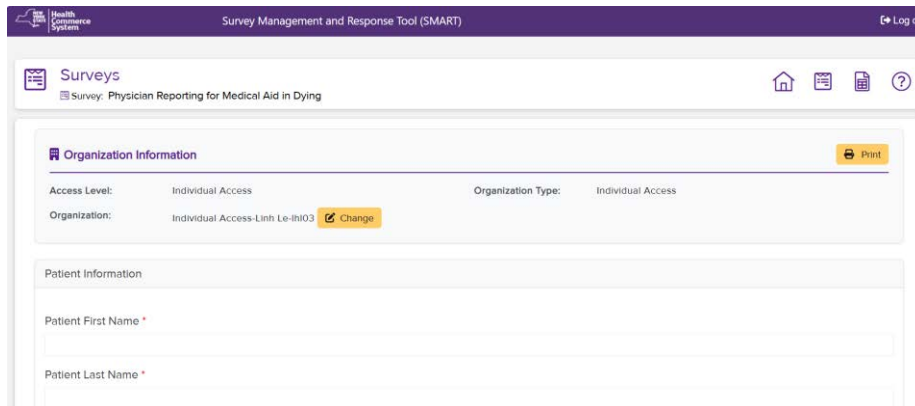
Month Day Year

Patient Gender *

The Patient Is a Resident of New York State (County) *

Submit

6. After submitting the patient information, the application will open the MAID Reporting Form



7. Complete the MAID Reporting Form by answering the questions and providing required information

Note: Attending Physician Information section will be pre-filled with information from your NYS License Certificate issued by the Board of Regents of the University of the State of New York.

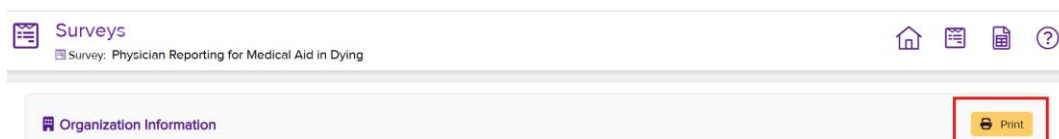
8. At the bottom of the form, please read and check both attestation boxes before submission

- ☒ Attestation 1: The prescription contains a notation to prevent the prescription from being filled until five days after the prescription was written. *
 - ☒ Attestation 2: The patient's medical record contains the following - *
1. Recording by an audio or video device of patient's oral request or documentation that the patient was not physically capable of making an oral request and a description of the alternative method of communication familiar to the patient that was used in lieu of the oral request.
 2. Department of Health "REQUEST FOR MEDICATION TO END MY LIFE" Form, completed and signed by the patient and two witnesses.
 3. Department of Health "DECLARATION OF WITNESSES" Form, completed and signed by two witnesses.
 4. If applicable, Department of Health "INTERPRETER'S DECLARATION" Form, signed by the interpreter who communicated with the patient in a target language other than English

9. Click "Submit" once completed, or "Draft" to save your progress and come back later.



10. You can download a PDF of the form for your record at any point by clicking "Print" at the top of the screen.



11. If you need to access a patient you have previously drafted or submitted, click 'select' next to the patient's name

MAID Report Records

Search records...

Resource Id↑↓	Patient First Name↑↓	Patient Last Name↑↓	Patient Date Of Birth↑↓	Patient Gender↑↓	New York State County Of Residence↑↓	Actions
1588049	Jane	Doe	11/11/2007	Female	Cayuga	SelectUpdate

12. If you have issued more than one MAID prescription for a patient, click the Select button for that patient record to add subsequent prescription

Resource Id↑↓	Patient First Name↑↓	Patient Last Name↑↓	Patient Date Of Birth↑↓	Patient Gender↑↓	New York State County Of Residence↑↓	Actions
1588049	Jane	Doe	11/11/2007	Female	Cayuga	SelectUpdate

13. In the Medications section, click Add Another button and select the Prescription Sequence i.e. 1st Prescription or 2nd Prescription etc.

Medications

Prescription Sequence *	Medication name *	Dosage Form *	Strength/Amount Prescribed *	Date Prescription was Prescribed *	
				07-23-2026	
Make sure amount prescribed is expressed in the correct units of measurement (e.g., weight mcg, mg, g, volume mL)					
+ Add Another					

14. After you have added another prescription to the MAID patient, scroll to the bottom and click submit or draft to save new changes.

in progress, Department of Health

Draft

Submit

Back