

Coordinated Behavioral Care dba Pathways to Wellness

Name of Health Home _____

By signing this form, you agree to be in the Coordinated Behavioral Care dba Pathways to Wellness Health Home. To be in a Health Home, health care providers and other people involved in your care need to be able to talk to each other about your care and share your health information with each other to give you better care. While being in a Health Home will help make sure you get the care you need, you will still be able to get health care and health insurance even if you do not sign this form or do not want to be in the Health Home.

The Health Home may get your health information, including your health records, from partners listed at the end of this form and/or from others through a computer system run by the Healthix, 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 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.

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 RHIO and/or from PSYCKES and/or from TABS/CHOICES) that they need to give you care, manage your care or study your care to make health care better for patients. 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:

1. Alcohol or drug use programs which you are in now or were in before as a patient;
2. Family planning services like birth control and abortion;
3. Inherited diseases;
4. HIV/AIDS;
5. Mental health conditions;
6. Developmental disability diagnosis and services; and/or
7. Sexually-transmitted diseases (diseases you can get from having sex).

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 that can get and see your health information must obey all these laws. 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.

Please read all the information on this form before you sign it.

☐ **I AGREE to be in the Coordinated Behavioral Care dba Pathways to Wellness 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**
Healthix _____ RHIO and/or through PSYCKES and/or through TABS/CHOICES 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 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. I understand this Consent Form takes the place of other Health Home Patient 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.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative
(If Applicable)

Relationship of Legal Representative to Patient
(If Applicable)

1. How will partners use my information?

If you agree, partners will use your health information to:

- Give you health care and manage your care;
- Check if you have health insurance and what it pays for; and
- Study and make health care for patients better.

The choice you make does NOT let health insurers see your information to decide whether to give you health insurance or pay your bills. You can make that choice in a separate form that health insurers must use.

2. Where does my health information come from?

Your health information comes from places and people that gave you health care or health insurance in the past. These may include hospitals, doctors, drugstores, laboratories, developmental disability providers, health plans (insurance companies), the Medicaid program, and other groups that share health information. You can get a list of all the places and people by calling [1-866-899-0152](tel:1-866-899-0152) or talking to your care manager.

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”).

4. If I agree, who can get and see my information?

The only people who can see your health information are those who you agree can get and see it, like doctors and other people who work for a Health Home partner and who are involved in your health care; health care providers who are working for a Health Home partner who is giving you care; and people who work for a Health Home partner who is giving you care to help them check your health insurance or to study and make health care better for all patients. When you get care from a person who is not your usual doctor or provider, like a new drugstore, new hospital, or other provider, some information, like what your health plan pays for or the name of your Health Home provider, may be given to them or seen by them.

5. What if a person uses my information and I didn’t agree to let them use it?

If this happens, you can:

- call the Medicaid Helpline at 1-800-541-2831, or
- contact the US Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019, or submit a written complaint at: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

You may also want to:

- call one of the providers you have said can see your records,
- call your care manager or health home: [CBC dba Pathways to Wellness](tel:1-866-899-0152) at [1-866-899-0152](tel:1-866-899-0152), or
- call your Managed Care Plan if you belong to a Managed Care Plan.

6. How long does my consent last?

Your consent will last until the day you take back your consent, or if you leave the Health Home program, or if the Health Home stops working.

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. 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 by calling [1-866-899-0152](tel:1-866-899-0152). 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 already have your information do not have to give your information back to you or take it out of their records.

8. How do I get a copy of this form?

You can have a copy of this form after you sign it.

Coordinated Behavioral Care (CBC) dba Pathways to Wellness Participating Partners

Health Home Name

Copy this page as necessary to list all participating partners☐ Coordinated Behavioral Care (CBC)

Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Advanced Human Services		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Affinity		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> AmidaCare		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> All About Kids		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Arista Center for Psychotherapy		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> ACMH, Inc.		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Association to Benefit Children		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Baltic Street		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Blueier Psychotherapy Center		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Bridging Access to Care		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Brooklyn Community Services		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Brownsville Multi-Service Family Health Center		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> BTQ Financial		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> CAMBA		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Camelot of Staten Island		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> CASES (Center for Alternative Sentencing and Employment Services)		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Catholic Charities Neighborhood Services		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Center for Behavioral Health Services		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Center for Urban Community Services (CUCS)		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> CenterLight Healthcare		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Child Center of New York		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Community Access, Inc.		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Community Health Action of Staten Island, Inc. (CHASI)		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Comunilife		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Concern for Independent Living		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Cornerstone		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Counseling Service EDNY, Inc.		

Coordinated Behavioral Care (CBC) dba Pathways to Wellness Participating Partners

Health Home Name

Copy this page as necessary to list all participating partners☐ Damian Family Care Centers, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ Diaspora Community Services

Name of Participating Partner	Patient Initials	Date
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☐ Educational Alliance

Name of Participating Partner	Patient Initials	Date
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☐ Elder Serve Health, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ Emblem Health

Name of Participating Partner	Patient Initials	Date
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☐ Empire BlueCross BlueShield Health Plus

Name of Participating Partner	Patient Initials	Date
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☐ Evers Pharmacy

Name of Participating Partner	Patient Initials	Date
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☐ Families on the Move of New York City

Name of Participating Partner	Patient Initials	Date
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☐ Family Services Network of New York

Name of Participating Partner	Patient Initials	Date
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☐ Federation of Organizations

Name of Participating Partner	Patient Initials	Date
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☐ Fidelis Health

Name of Participating Partner	Patient Initials	Date
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☐ Fountain House

Name of Participating Partner	Patient Initials	Date
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☐ GAVS

Name of Participating Partner	Patient Initials	Date
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☐ Geel Community Services

Name of Participating Partner	Patient Initials	Date
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☐ Goddard Riverside Community Center

Name of Participating Partner	Patient Initials	Date
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☐ Goodwill Industries of Greater New York and Northern NJ, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ Graham Windham

Name of Participating Partner	Patient Initials	Date
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☐ Grand Street Settlement

Name of Participating Partner	Patient Initials	Date
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☐ Greenwich House, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ GSI Health

Name of Participating Partner	Patient Initials	Date
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☐ Health First

Name of Participating Partner	Patient Initials	Date
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☐ Heartshare St. Vincent's Services

Name of Participating Partner	Patient Initials	Date
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☐ Henry Street Settlement

Name of Participating Partner	Patient Initials	Date
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☐ Hudson Guild

Name of Participating Partner	Patient Initials	Date
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☐ Independent Care System (ICS)

Name of Participating Partner	Patient Initials	Date
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☐ Institute for Community Living

Name of Participating Partner	Patient Initials	Date
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☐ Interborough Developmental & Consultation Center

Name of Participating Partner	Patient Initials	Date
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☐ Jewish Child Care Association of NY (JCCA)

Name of Participating Partner	Patient Initials	Date
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Coordinated Behavioral Care (CBC) dba Pathways to Wellness Participating Partners

Health Home Name

Copy this page as necessary to list all participating partners☐ Kingsboro Psychiatric Center

Name of Participating Partner	Patient Initials	Date
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☐ Lexington Center for Mental Health Services

Name of Participating Partner	Patient Initials	Date
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☐ Lifespire

Name of Participating Partner	Patient Initials	Date
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☐ Lighthouse Guild

Name of Participating Partner	Patient Initials	Date
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☐ Living Positive, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ Long Island Consultation Center

Name of Participating Partner	Patient Initials	Date
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☐ Majestic Touch Home Care Services

Name of Participating Partner	Patient Initials	Date
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☐ Manhattan Psychiatric Center

Name of Participating Partner	Patient Initials	Date
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☐ Mental Health Providers of Western Queens

Name of Participating Partner	Patient Initials	Date
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☐ Mosaic Mental Health

Name of Participating Partner	Patient Initials	Date
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☐ NADAP

Name of Participating Partner	Patient Initials	Date
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☐ NAMI New York City Metro

Name of Participating Partner	Patient Initials	Date
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☐ Netsmart

Name of Participating Partner	Patient Initials	Date
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☐ New Alternatives for Children, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ New Horizon Counseling Center

Name of Participating Partner	Patient Initials	Date
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☐ New York City's Children Center

Name of Participating Partner	Patient Initials	Date
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☐ New York City Health and Hospitals Corporation

Name of Participating Partner	Patient Initials	Date
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☐ New York Psychotherapy and Counseling Center

Name of Participating Partner	Patient Initials	Date
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☐ Northside Center

Name of Participating Partner	Patient Initials	Date
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☐ NYU Lutheran Medical Center/NYU Lutheran Family Health Centers

Name of Participating Partner	Patient Initials	Date
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☐ Ohel Children's Home and Family Services

Name of Participating Partner	Patient Initials	Date
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☐ Oluwatoyin Ajayi Medical Practice dba Cityblock Medical Practice

Name of Participating Partner	Patient Initials	Date
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☐ Phoenix House

Name of Participating Partner	Patient Initials	Date
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☐ Postgraduate Center for Mental Health

Name of Participating Partner	Patient Initials	Date
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☐ Project Hospitality

Name of Participating Partner	Patient Initials	Date
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☐ Project Renewal, Inc.

Name of Participating Partner	Patient Initials	Date
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☐ Public Health Solutions

Name of Participating Partner	Patient Initials	Date
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Coordinated Behavioral Care (CBC) dba Pathways to Wellness Participating Partners

Health Home Name

Copy this page as necessary to list all participating partners☐ Richmond University Medical Center (RUMC)

Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Samaritan Daytop Village		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Samuel Field YM+YWHA		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Service Program for Older People		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Services for the Underserved, Inc. (SUS)		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Sky Light Center, Inc.		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> South Beach Psychiatric Center		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> St. Dominic's Family Services		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> St. Vincent's Westchester/St. Joseph's Medical Center (SVWSJMC)		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> State Department of Health-Health Commerce System-UAS		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Staten Island Behavioral Network		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Staten Island Mental Health Society, Inc.		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Staten Island University Hospital		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Bridge		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Coalition for Behavioral Services		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Family Center		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Fortune Society		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Institute for Family Health		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Jewish Board		
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<input type="checkbox"/> The Karen Horney Clinic		
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<input type="checkbox"/> The Osborne Society		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The PAC		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> The Puerto Rican Family Institute		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> TRI Center, Inc.		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Union Settlement		
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<input type="checkbox"/> United HealthCare		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> University Consultation and Treatment Center, Inc.		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> University Settlement		
Name of Participating Partner	Patient Initials	Date
<input type="checkbox"/> Venture House		
Name of Participating Partner	Patient Initials	Date

Coordinated Behavioral Care (CBC) dba Pathways to Wellness Participating Partners

Health Home Name

Copy this page as necessary to list all participating partners☐ Vibrant Emotional Health

Name of Participating Partner	Patient Initials	Date
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☐ VillageCare MAX

Name of Participating Partner	Patient Initials	Date
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☐ Visiting Nurse Association of Staten Island

Name of Participating Partner	Patient Initials	Date
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☐ VitaCare (Nate's Pharmacy)

Name of Participating Partner	Patient Initials	Date
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☐ VNSNY CHOICE Select Health

Name of Participating Partner	Patient Initials	Date
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☐ Washington Heights Community Service of the New York Psychiatric Institute

Name of Participating Partner	Patient Initials	Date
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☐ WellCare

Name of Participating Partner	Patient Initials	Date
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☐ WellLife Network dba PSCH Inc.

Name of Participating Partner	Patient Initials	Date
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☐ William F. Ryan Family Health Center

Name of Participating Partner	Patient Initials	Date
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☐ YMCA of Greater New York-Counseling Service

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