

Legal Assistance Entity

Program Name _____

Program Address _____

Program Director's Name _____

Address _____

Telephone (_____) _____

Fax (_____) _____

Email _____

Health Care Facility

Clinic or Hospital Name _____

Facility Address _____

Clinic or Medical Director's Name _____

Address _____

Telephone (_____) _____

Fax (_____) _____

Email _____

Health-Related Legal Services Program Attestation

The entities submitting this application for New York State Department of Health (NYSDOH) designation as a Health-Related Legal Services Program attest that, upon being designated, they will abide by the following requirements:

1. The legal services are provided by a not-for-profit entity operated by or affiliated with one or more legal service organizations, law schools or community-based organizations with legal capacity. **Documentation of such status or affiliation is attached.**
2. The legal assistance component of the program is in good standing and has demonstrated the ability and experience to provide high quality, health-related legal services meeting the needs of the population to be served. Participating organizations possess, at no cost to NYS, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Staff employed in the performance of the program possess the qualifications, training, licenses and permits as may be required within the program's jurisdiction. Any law students/legal interns participating in the program are supervised by qualified staff. **Documentation of current NYS registration as a member of the bar for all practicing attorneys and two letters of support for the legal assistance entity are attached.**
3. All health care providers participating in the program possess valid operating certificates from the NYSDOH for the operation of a hospital, residential care facility, diagnostic and treatment center, hospice or other licensed facility providing health-related services.
4. All participants of the Health-Related Legal Services Program will adhere to their respective code of ethics. In representing the patient/client, legal service providers will abide by the Rules of Professional Conduct, including rules related to declining or terminating representation, conflicts of interest, confidentiality of information and identification of practice and specialty.
5. The legal service provider participant will perform oversight to ensure patients/clients receive the professional expertise required for adequate representation of their particular legal needs. Legal assistance organizations have established procedures and parameters for representing patients/clients tailored to their existing practice areas and for making referrals when necessary.
6. All health care providers and legal assistance organizations will operate under a jointly executed agreement that will be effective for at least one year and includes a definite termination date. The agreement addresses the operational matters specified in the NYSDOH's "Standards for Health-Related Legal Services Programs that Serve Income Eligible Individuals and Families Pursuant to PHL § 22" and **a copy of the executed agreement is attached.**

Health Care Facility

Signature

Date

Legal Services Provider

Signature

Date

Note

Submission of a completed Health-Related Legal Services Program Attestation Form (DOH-5068) does not constitute designation until the New York State Department of Health issues a letter of designation.

Questions regarding designation should be directed to:
(518) 402-5382

Submit completed Health-Related Legal Services Program Attestation Form (DOH-5068) and required documentation to:
Office of Public Health
NYS Department of Health
Room 1415, Corning Tower
Albany, New York 12237