

The Vital Document Platform

A How-To Guide

From the Employee Intranet Homepage, Click: I Need to . . . Review a Policy.

IT service desk | Change my ID/password



Welcome Desiree Martinez

Find A Colleague



Search this site...

First name

Last name

Search

Advanced search

myIntranet

Home

MyHR

Education & Research

Home

- I Need To...
- Access iLearn
- View Paycheck
- Review a Policy**
- Submit a Form
- Record/Schedule Time
- Check Email
- Report an Injury
- Review my Benefits
- Find an In-System Doc
- Learn about Wellness
- Recognize Others
- Search Careers
- Submit an IT Ticket
- Log Pt Exp Complaint(s)

Quick links

Edition: Employees

Food for health

Northwell Healthy Choice resources for your personal well-being.

Learn more



Click the Vital Document Website link

IT service desk | Change my ID/password



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Northwell Health®

I Need To...

Search this site...

First name

Last name

Search

Advanced search

myIntranet

- Home
- MyHR
- Education & Research
- Hospitals & Facilities
- Departments

Policies and Procedure Manuals

- Home
- Vital Docs Website
- Policy of the Month
- Search this Site
- Help searching Policies



Access to the archived policies are restricted. If you are allowed access, click here to see the Archived Policies links for each manual.

- Policy and Procedure SPP team site
- Add user to see Policies and Procedure SPP team site link
- Clinical Policies Team sites

- _Northwell Health - Corporate Policy & Procedure Manuals
- Ambulatory Network Services
- Cohen Children's Medical Center of New York
- Glen Cove Hospital

To access a form, first select a facility from the drop down.



Welcome to the Northwell Health Vital Document Platform

Request for new Vital Doc

Vital Docs Template

Braille Request Form

- Vi
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 - 7p
- SELECT --
- BROADLAWN MANOR NURSING & REHABILITATION CENTER
 - CCMC OF NEW YORK
 - DOLAN FAMILY HEALTH CENTER
 - GLEN COVE HOSPITAL
 - HUNTINGTON HOSPITAL**
 - LENOX HEALTH - GREENWICH VILLAGE
 - LENOX HILL
 - LONG ISLAND JEWISH FOREST HILLS
 - LONG ISLAND JEWISH MEDICAL CENTER
 - LONG ISLAND JEWISH VALLEY STREAM
 - MANHATTAN EYE, EAR, AND THROAT HOSPITAL
 - NORTH SHORE UNIVERSITY HOSPITAL
 - NORTHERN WESTCHESTER HOSPITAL
 - NORTHWELL HEALTH
 - NORTHWELL HEALTH IMAGING
 - ORZAC CENTER FOR REHABILITATION
 - PECONIC BAY MEDICAL CENTER
 - PHELPS MEDICAL ASSOCIATES
 - PHELPS MEMORIAL HOSPITAL CENTER
 - PHYSICIAN PARTNERS
 - PLAINVIEW HOSPITAL
 - SOUTH OAKS HOSPITAL
 - SOUTHSIDE HOSPITAL
 - STATEN ISLAND UNIVERSITY HOSPITAL
 - STERN FAMILY CENTER FOR REHABILITATION
 - SYOSSET HOSPITAL
 - THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH
 - THE ZUCKER HILLSIDE HOSPITAL

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language contained in the drop box. To review the document click PDF . To print the
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both the English and alternative language version must be placed in the medical record.

alized Policies, Procedures and Forms Department (516) 719-3754 (between 7am -

tic Procedures, Anesthesia / Sedation / Analgesia is
sh; please revert to use of translation services until

Next, select the Patient's preferred language.



Welcome to the Northwell Health Vital Document Platform

Request for new Vital Doc

Vital Docs Template


Braille Request Form

Vital Documents are forms that provide critical information to patients communicated in their preferred language. Vital Documents are used to ensure effective communication with patients whose primary language is not English.

INSTRUCTIONS

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If you are unable to find the document you need, please contact the Centralized Policies, Procedures and Forms Department (516) 719-3754 (between 7am - 7pm)

- 
- SELECT --
 - Albanian
 - Arabic
 - Bengali
 - Chinese (Simplified)
 - Chinese (Traditional)
 - English
 - Farsi
 - French
 - Greek
 - Haitian Creole
 - Hebrew
 - Hindi
 - Italian
 - Korean
 - Polish
 - Portuguese
 - Punjabi
 - Russian
 - Spanish
 - Tagalog
 - Turkish
 - Urdu

Search

operative / Invasive / Diagnostic Procedures, Anesthesia / Sedation / Analgesia is available in English and Spanish; please revert to use of translation services until

Categories

All

Narrow your search by choosing a form by Number/Category or Form Title.

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Facility

Language

Categories

Form Number

Form Title

Keyword Search

Search

Reset Search

Sample below is current Category Selection.

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Facility

HUNTINGTON HOSPITAL

Language

English

Form Number

-- SELECT --

Keyword Search

Categories

- SELECT --
- All
- Consent
- Corporate Compliance/ HIPAA
- Patient Information
- No Surprise Billing
- Visually Impaired

Search Reset Search

Once you have selected the necessary criteria, Click – Search.

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Facility

Language

Categories

Form Number

Form Title

Keyword Search



Sample Result from: Huntington/Chinese/Consent Search

Facility

HUNTINGTON HOSPITAL

Language

Chinese

Categories

Consent

Form Number

-- SELECT --

Form Title

-- SELECT --

Keyword Search

Search

Reset Search

23 document(s) found

Print PDF

Category	Item	Item Information	Language	View PDF
<input type="checkbox"/>	Consent	VD034 Acknowledgement of Person Receiving Newborn For Adoption Purposes (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD014 Acknowledgment Form To Perform HIV Test (Chinese on PAGE 1, English on PAGE 2 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD013 Authorization To Be Audio/Visually Recorded (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD041 Authorization to Release Placenta (Chinese on PAGE 1, English on PAGE 2 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD026 Consent For Anesthesia Services (Chinese on PAGE 1, English on PAGE 2 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD027 Consent for Autopsy (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD022 Consent for Diagnostic Radiology Procedure During Pregnancy (Chinese on PAGE 1, English on PAGE 2 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD030 Consent for Donations for Fecal Transfer (Chinese on PAGE 1, English on PAGE 2 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD005 Consent For Elective Female Sterilization (Chinese on PAGE 1, English on PAGE 2 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD040 Consent For Hepatitis B Vaccination At Birth (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF
<input type="checkbox"/>	Consent	VD031 Consent for Microbiotic Transfer of Fecally Derived Bacteria (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF

To View the Form, Click PDF.

Facility
HUNTINGTON HOSPITAL

Language: Chinese Categories: Consent

Form Number: VD034 Form Title: -- SELECT --

Keyword Search

1 document(s) found

Category	Item	Item Information	Language	View PDF
<input type="checkbox"/>	Consent	VD034 Acknowledgement of Person Receiving Newborn For Adoption Purposes (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF



To Print the Form, Check box under Category & Click Print PDF.

Facility
HUNTINGTON HOSPITAL

Language: Chinese Categories: Consent

Form Number: VD034 Form Title: --SELECT--

Keyword Search: Search Reset Search

1 document(s) found Print PDF

Category	Item	Item Information	Language	View PDF
<input type="checkbox"/> Consent	VD034	Acknowledgement of Person Receiving Newborn For Adoption Purposes (Chinese on PAGE 1 & 2, English on PAGE 3 & 4 with FOR TRANSLATION)	Chinese	PDF

Print PDF





为领养目的接收新生儿人士确认书
(Acknowledgment of Person Receiving Newborn For Adoption Purposes)

新生儿医史号 _____ 出生日期 _____

本人, _____ 谨在 _____ 日 _____ 月, 20 _____ 年,
工整书写姓名

从 _____ 医院, 为合法授权领养目的接收上述新生儿, 并承担为该新生儿
做出任何和所有健康医疗决定。

工整书写接收新生儿人士姓名 (Print name(s) of person(s) receiving newborn)

地址 (Address)

签名 (Signature) _____ 日期 (Date) _____ 时间 (Time) _____

新生儿和接收新生儿的关系: 领养父母 1 领养父母 2

证人声明: 我亲眼目睹以上人士在此表格上签名。

证人 1 (签名) _____ 日期 / 时间 _____ 工整书写证人姓名 _____
(Witness 1 (Signature)) (Date / Time) (Print Witness Name)

证人 2 (签名) _____ 日期 / 时间 _____ 工整书写证人姓名 _____
(Witness 2 (Signature)) (Date / Time) (Print Witness Name)

必须备有被授予新生儿儿者的带相片身份证。例如: 驾驶证, 护照。 呈递加盖钢印章的法院证明

An English version will also be provided upon printing. Patient and Physician must sign the document printed in the Patient's preferred language.

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Acknowledgment of Person Receiving Newborn For Adoption Purposes

Newborn's Medical Record Number Date of Birth

I, _____ here on the _____ day of _____, 20_____,
Print Name

received from _____ Hospital the above identified
newborn for the purpose of legally authorized adoption, and accept responsibility for making any and all health care
decisions for such newborn.

Print name(s) of person(s) receiving newborn

Address

Signature Date Time

Relationship of newborn to person(s) receiving the newborn: Adoptive Parent 1 Adoptive Parent 2

Witness Statement: I witnessed the above person(s) signing this form.

Witness 1 (Signature) Date / Time Print Witness Name

Witness 2 (Signature) Date / Time Print Witness Name

Verification of Picture Identity Card to whom the newborn is released is required. For example: Driver's license,
Passport. Court Certification with Raised SEAL was presented

Special Messaging Center-For Users

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**For more information about our current standardized
Vital Document forms, revising forms or creating new
forms please contact:**

**Centralized Policy/Procedure & Forms Department
516-719-3754**