

## Introduction

Pursuant to the Statewide Common Participation Agreement (SCPA), this Standard Operating Procedure (SOP) has been developed and approved in accordance with the Statewide Collaboration Process to establish a process for approving Other Networks through which SHIN-NY Data held in a SHIN-NY Platform may be made available.

## Purpose, Scope and Intended Audience

This SHIN-NY SOP identifies the process through which HINs may request approval of an Other Network and the process and criteria by which such requests will be reviewed and determined.

## Definitions

All underlined terms in this SHIN-NY SOP are defined in the SCPA and SHIN-NY SOPs Glossary, which is available here: [SCPA and SHIN-NY SOPs Glossary](#).

## Procedures

### When Approval for Other Networks is Required

1. Approval under this SOP is required when any HIN seeks to join or connect to a network other than the SHIN-NY, including joining or connecting to another national/regional network such as a TEFCA Qualified Health Information Network (QHIN).
2. Additional review and reapproval of an Other Approved Network will be required under certain circumstances, including but not limited to the following:
  - a. Changes, including but not limited to changes to permitted purposes, consent flows, identity attributes, or routing, required by the Other Approved Network, including changes that affect the statewide operation of the SHIN-NY.
  - b. Changes to the Other Approved Network's contracts, terms or policies that introduce new or different obligations on other HINs or SHIN-NY Participants related to external exchange (i.e., exchange outside the SHIN-NY).
  - c. Privacy or security incidents affecting the Other Approved Network.

### Intake, Review and Disposition of Other Network Approval Requests

All requests by HINs for approval of an Other Network shall be handled in accordance with the following procedures:

1. A HIN (the "Requesting HIN") submits an Other Network approval request using the form attached to this SOP as Appendix A and any necessary supporting documentation (collectively, the "Approval Request"). The Approval Request shall be submitted to NYeC via email at [Info@nyehealth.org](mailto:Info@nyehealth.org).
2. Based on the nature and scope of the proposed Other Network and the Approval Request, NYeC will convene a team of appropriate subject matter experts (the "Review Team"). Members of the Review Team will vary based on the nature of the request and may include staff from NYeC, from a HIN(s) other than the Requesting HIN, and/or external experts with specific subject matter expertise needed for the review. For example, review of an Other Network whose exchange purpose is public health may require different expertise than one whose exchange purpose relates to treatment or payers. In all cases, however, the Review Team will include expertise in compliance/privacy, security, technology, and business operations.
3. Each Approval Request will be reviewed and analyzed against the following minimum criteria and risk factors set forth in the Approval Request (the "Criteria"):
  - a. Compliance (including data use and privacy);
  - b. Security;
  - c. Technical;
  - d. Operational;
  - e. Financial; and
  - f. Reputational.
4. The Review Team will evaluate the preliminary information submitted in the Approval Request.
5. If the Review Team determines that the preliminary information and the Criteria are sufficient to fully evaluate the Approval Request based on the nature and scope of the proposed Other Network and the Approval Request, the Review Team will undertake the review in accordance with the Criteria and make a recommendation to the TAC.
6. If the Review Team determines that the preliminary information and/or the Criteria are not sufficient to fully evaluate the Approval Request based on the nature and scope of the proposed Other Network and the Approval Request, the Review Team will make a recommendation to the TAC as to:
  - a. If applicable, the scope of any additional research and/or documentation needed to fully evaluate the Approval Request (the "Scope"); and/or
  - b. If applicable, any other criteria and risk factors, in addition to the Criteria, against which the Approval Request should be reviewed and analyzed (the "Additional Criteria"). The Additional Criteria applied to each Approval Request may differ as the Review Team may recommend consideration of

Additional Criteria deemed relevant and appropriate on a case-by-case basis in light of the particular facts and circumstances presented in each Approval Request.

- c. Once the TAC approves the Review Team's recommendation on the Scope and/or Additional Criteria for the review, the Review Team will undertake the review in accordance with the Scope and Additional Criteria and make a recommendation to the TAC.
7. The Review Team shall use commercially reasonable efforts to complete its review of the Approval Request as soon as reasonably practicable, but in any event shall endeavor to complete its review within thirty (30) business days after receipt by NYeC of the Approval Request.
8. In evaluating each Approval Request, the Review Team shall use a Risk Scoring Rubric in substantially the form attached hereto as Appendix B.
9. The Review Team may recommend denial, approval or approval with conditions and/or monitoring requirements (e.g., pilot period, limited exchange purposes at launch).
10. The Review Team shall document its recommendation in a draft Summary Approval Memo using the form attached to this SOP as Appendix C, shall refer the Approval Request to the TAC, and shall so inform the Requesting HIN.
11. Upon referral to the TAC by the Review Team, the TAC shall review the Approval Request and the draft Summary Approval Memo, conduct any additional due diligence the TAC deems necessary and appropriate (including without limitation, discussions with the Requesting HIN and/or requests for additional information or documentation to support the Approval Request), and make a final determination on the Approval Request (i.e., denial, approval or approval with conditions and/or monitoring requirements [e.g., pilot period, limited exchange purposes at launch]).
12. The TAC shall use commercially reasonable efforts to approve or deny the Approval Request as soon as reasonably practicable, but in any event shall endeavor to approve or deny the Approval Request within fifteen (15) business days after receipt of the Review Team's recommendation in the draft Summary Approval Memo. The vote of the TAC will be conducted in accordance with the TAC Charter.
13. As soon as reasonably practicable, but in any event within three (3) business days after the TAC's decision, NYeC shall finalize the Summary Approval Memo and provide notice of the TAC's decision to the Requesting HIN.
14. NYeC shall be responsible for making the final Summary Approval Memo publicly available online at [www.nyehealth.org](http://www.nyehealth.org). NYeC shall endeavor to make such Summary Approval Memo publicly available concurrently with the provision of notice of the TAC's decision to the Requesting HIN, but in any event as soon as practicable after such notice is given.

15. Once the TAC approves a Requesting HIN's participation in an Other Network, other HINs can participate in that Other Approved Network under the same terms, conditions and assumptions as approved by the TAC without submitting a separate Approval Request. However, if a HIN wishes to participate in the Other Approved Network in a manner different from that approved by the TAC, such HIN must submit an Approval Request.

### Intake, Review and Disposition of Reapproval Requests

1. A HIN (the "Requesting HIN") submits an Other Network Reapproval request using the form attached to this SOP as Appendix D and any necessary supporting documentation (collectively, the "Reapproval Request"). The Reapproval Request shall be submitted to NYeC via email at [Info@nyehealth.org](mailto:Info@nyehealth.org).
2. Based on the nature and scope of the Reapproval Request, NYeC will convene a team of appropriate subject matter experts (the "Review Team"), which may include expertise in compliance/privacy, security, technology, and/or business operations. Members of the Review Team will vary based on the nature of the request and may include staff from NYeC, from a HIN(s) other than the Requesting HIN, and/or external experts with specific subject matter expertise needed for the review.
3. Each Reapproval Request will be reviewed and analyzed against the Criteria relevant to the scope of the request.
4. The Review Team will evaluate the information submitted in the Reapproval Request and make a recommendation to the TAC.
5. The Review Team shall use commercially reasonable efforts to complete its review of the Reapproval Request as soon as reasonably practicable, but in any event shall endeavor to complete its review within thirty (30) business days after receipt by NYeC of the Reapproval Request.
6. In evaluating each Reapproval Request, the Review Team shall use the relevant portions of the Risk Scoring Rubric, in substantially the form attached hereto as Appendix E.
7. The Review Team may recommend denial, reapproval or reapproval with conditions and/or monitoring requirements (e.g., pilot period, limited exchange purposes at launch).
8. The Review Team shall document its recommendation in a draft Summary Reapproval Memo using the form attached to this SOP as Appendix F, shall refer the Reapproval Request to the TAC, and shall so inform the Requesting HIN.
9. Upon referral to the TAC by the Review Team, the TAC shall review the Reapproval Request and the draft Summary Reapproval Memo, conduct any additional due diligence the TAC deems necessary and appropriate (including without limitation

discussions with the Requesting HIN and/or requests for additional information or documentation to support the Reapproval Request), and make a final determination on the Reapproval Request (i.e., denial, reapproval or reapproval with conditions and/or monitoring requirements [e.g., pilot period, limited exchange purposes at launch]).

10. The TAC shall use commercially reasonable efforts to approve or deny the Reapproval Request as soon as reasonably practicable, but in any event shall endeavor to approve or deny the Reapproval Request within fifteen (15) business days after receipt of the Review Team's recommendation in the draft Summary Reapproval Memo. The vote of the TAC will be conducted in accordance with the TAC Charter.
11. As soon as reasonably practicable, but in any event within three (3) business days after the TAC's decision, NYeC shall finalize the Summary Reapproval Memo and provide notice of the TAC's decision to the Requesting HIN.
12. NYeC shall be responsible for making the final Summary Reapproval Memo publicly available online at [www.nyehealth.org](http://www.nyehealth.org). NYeC shall endeavor to make such Summary Reapproval Memo publicly available concurrently with the provision of notice of the TAC's decision to the Requesting HIN, but in any event as soon as practicable after such notice is given.
13. Once the TAC approves a Reapproval Request, other HINs can participate in that Other Approved Network under the same terms, conditions and assumptions as reapproved by the TAC without submitting a separate Reapproval Request. However, if a HIN wishes to participate in the Other Approved Network in a manner different from that reapproved by the TAC, such HIN must submit a Reapproval Request.

### Amendment Procedures

This SOP shall be reviewed and evaluated by NYeC staff and the TAC at least once annually beginning with the date on which this SOP was initially approved, to ensure its terms remain consistent with applicable New York State laws and regulations, and appropriate for the needs of the SHIN-NY. SHIN-NY stakeholders may submit proposals to amend this SOP addressed to NYeC staff for consideration. Proposals to amend this SOP shall be considered by the TAC for recommendation to the NYeC Board and NYS DOH. All amendments to this SOP shall be documented in the Version History section. NYeC will post or otherwise make the amended SOP available to the public.

### Version History

Version Number	Date Adopted	Summary of Action/Changes
1.0	10/23/2025	Approved by Technical Advisory Committee
	11/18/2025	Approved by NYeC Board



**Statewide Health Information Network for New York (SHIN-NY)  
Standard Operating Procedure (SOP)**

**SOP for APPROVING PARTICIPATION IN OTHER NETWORKS**

	12/8/2025	Approved by NYS Department of Health
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## Appendix A

### Other Network Approval Request Form

#### Requesting HIN Information

**HIN Name:** Click or tap here to enter text.

**HIN Address:** Click or tap here to enter text.

**Name of HIN Official Submitting Request:** Click or tap here to enter text.

**Title of HIN Official Submitting Request:** Click or tap here to enter text.

#### Other Network Information

**Network Name:** Click or tap here to enter text.

**Website/Directory URL:** Click or tap here to enter text.

**Governance Body/Operator:** Click or tap here to enter text.

**Geographic Coverage:** Click or tap here to enter text.

**Accreditations/Certifications:** Click or tap here to enter text.

#### Participation Role

☐TEFCA

☐TEFCA QHIN

☐TEFCA Participant

☐TEFCA Subparticipant

☐Other Network Participant

## Information in Support of Approval Request

For each element below, please provide (1) a detailed description of how the Other Network and/or the Requesting HIN, as appropriate, addresses each element; and (2) whether supporting documentation is being submitted to supplement the description provided:

1. Compliance, including data use and privacy:

- a. Describe the extent to which the Other Network can demonstrate compliance with all applicable law governing data privacy and security (including but not limited to HIPAA); consents and authorizations to use data within the Other Network; and data sharing, interoperability and information blocking (including but not limited to the provisions of the CMS Interoperability and Prior Authorization Final Rule [CMS-0057-F], the CMS Interoperability and Patient Access Final Rule [CMS-9115-F], and any federal rules and regulations regarding information blocking). Such compliance may be documented, for example, through evidence that the Other Network maintains privacy and/or security certifications that are aligned with HIPAA.

Click or tap here to enter text.

- b. Describe the extent to which Other Network's agreements, policies and procedures, including those on data use and secondary data uses, align with the SCPA, SHIN-NY SOPs and applicable laws and regulations.

Click or tap here to enter text.

- c. Describe the extent to which the Other Network implements a "delegation of authority" or other similar method by which an Other Network participant, as a principal, can authorize a delegate(s) to initiate and/or respond to exchange requests on the participant's behalf.

- 1. If the Other Network does implement such a delegation, explain whether, and if applicable how, the Requesting HIN intends to utilize it.

Click or tap here to enter text.

- 2. The Requesting HIN must submit a privacy and security risk assessment of such delegation conducted by an independent third party.

Click or tap here to enter text.

- d. Identify any areas of conflict or misalignment with applicable law, agreements and/or policy and any recommended amendments to agreements or policy that could be proposed to address such conflict or misalignment in a manner consistent with the mission and aims of the SHIN-NY.

Click or tap here to enter text.



- e. Describe the extent to which queries from the Other Network includes the purpose for the request (e.g., individual access, treatment, payment, or healthcare operations) to ensure disclosures are lawful.

Click or tap here to enter text.

- f. Describe the extent to which the Other Network shares (or has a concrete plan and timeline to do so) patient consent choices with all involved parties, including for treatment purposes. These choices must be supported when required by law or policy, including honoring a patient's right to request restrictions on disclosures of their information for certain purposes.

Click or tap here to enter text.

## 2. Security:

- a. Describe the Other Network's applicable controls framework (e.g., HITRUST CSF).

Click or tap here to enter text.

- b. Describe the extent to which the Other Network maintains (or has a concrete plan and timeline to do so) security certification or validation against its applicable controls framework.

Click or tap here to enter text.

- c. Describe the extent to which Other Network's security requirements meet or exceed SHIN-NY security baselines and recognized security frameworks (e.g., NIST, HITRUST CSF).

Click or tap here to enter text.

## 3. Technical:

- a. Describe the extent to which Other Network is fully interoperable with the Requesting HIN/SHIN-NY and requires minimal changes on the part of the Requesting HIN/SHIN-NY.

Click or tap here to enter text.

- b. Describe the Other Network's proposed data types, exchange purposes, and workflows (e.g., Treatment, IAS, Public Health).

Click or tap here to enter text.

- c. Describe the Other Network's technical architecture (logical/physical architecture, trust services used (directory, certificates), endpoint models, query/response patterns, message sizes, SLAs, availability, error handling).

Click or tap here to enter text.

4. Operational:

- a. Describe the extent to which the Other Network has a clear and effective support model with proven uptime.

Click or tap here to enter text.

- b. Identify the business justification for the Approval Request and anticipated value (patient safety, coverage, efficiencies).

Click or tap here to enter text.

- c. Describe the implementation plan and timeline for participation in the Other Network, including change management, support model, and rollback plan.

Click or tap here to enter text.

- d. Identify stakeholders impacted by participation in the Other Network and the communications plan.

Click or tap here to enter text.

- e. Describe the plan for ongoing (e.g., quarterly, annual) review and reporting to NYeC on conditions of participation in the Other Network, including any material changes that would require prompt notice to NYeC and re-approval.

Click or tap here to enter text.

5. Financial:

- a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's non-profit, health data utility mission.

Click or tap here to enter text.

- b. Describe the extent to which participation in the Other Network is low/no cost and sustainable for the Requesting HIN/SHIN-NY).

Click or tap here to enter text.

6. Reputational

- a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's mission and enhances its value and credibility/trust with stakeholders).

Click or tap here to enter text.

- b. Describe any anticipated reputational impacts to the SHIN-NY (e.g., data breaches or security incidents in the past 3 years).

Click or tap here to enter text.

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HIN Executive Director

Click or tap to enter a date.

## Appendix B

### Other Network Approval Request: Risk Scoring Rubric

#### Risk Scoring Rubric

- Score Compliance, Security, Technical, Operational, Financial, Reputational risks (Low/Med/High).
- Identify recommended mitigating controls and/or conditions of approval (e.g., limited XPs at launch; segmented data; enhanced reporting; pilot period).
- Identify recommended monitoring cadence (e.g., monthly for first 3 months, then quarterly).

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#### Risk-Scoring Matrix

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Compliance	Fully aligns with SCPA, policies & laws	Minor gaps with clear remediation	Significant gaps/conflicts		
Security	Meets/exceeds SHIN-NY security baselines	Minor variances with controls	Major vulnerabilities or non-alignment		
Technical	Fully interoperable, minimal changes	Some integration complexity	Significant re-engineering required		
Operational	Clear support model, proven uptime	Some uncertainty in ops readiness	No proven operational capability		
Financial	Low/no cost, sustainable	Moderate cost impact	High cost or unclear funding		
Reputational	Enhances SHIN-NY value and credibility	Neutral impact	Potential negative perception		

Total Score: \_\_\_\_\_ / 18

Risk Level: 0-6 Low | 7-12 Medium | 13-18 High

Recommendation: Click or tap here to enter text.

Approval Conditions: Click or tap here to enter text.

Monitoring Plan: Click or tap here to enter text.

## Appendix C

### Other Network Approval Request: Summary Approval Memo

#### Administrative Data:

Title: Click or tap here to enter text.

Tracking Number: Click or tap here to enter text.

Date of Approval Request Receipt: Click or tap here to enter text.

Members of Review Team:

Name	Title	Organization Represented
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Date Review Team Evaluation Completed: Click or tap here to enter text.

Date of Review Team Recommendation: Click or tap here to enter text.

Date of TAC Decision: Click or tap here to enter text.

***Note: Attached to this Summary Approval Memo is the Other Network Approval Request (and any supporting documentation) provided to NYeC by the Requesting HIN.***

## Overview and Description of Request:

Click or tap here to enter text.

## Review Team Evaluation

Based on its review of the Approval Request in accordance with the Other Networks SOP, the Review Team has evaluated the Approval Request as indicated in the chart below.

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Compliance	Fully aligns with SCPA, policies & laws	Minor gaps with clear remediation	Significant gaps/conflicts		
Security	Meets/exceeds SHIN-NY security baselines	Minor variances with controls	Major vulnerabilities or non-alignment		
Technical	Fully interoperable, minimal changes	Some integration complexity	Significant re-engineering required		
Operational	Clear support model, proven uptime	Some uncertainty in ops readiness	No proven operational capability		
Financial	Low/no cost, sustainable	Moderate cost impact	High cost or unclear funding		
Reputational	Enhances SHIN-NY value and credibility	Neutral impact	Potential negative perception		

Total Score: \_\_\_\_\_ / 18

Risk Level: 0-6 Low | 7-12 Medium | 13-18 High

## Review Team Recommendation

☐ Approve

☐ Approve with the following conditions and/or monitoring requirements:

Click or tap here to enter text.

☐ Deny (description of reason[s]):

Click or tap here to enter text.

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Review Team Lead

Click or tap to enter a date.

### TAC Determination

☐ Approved

☐ Approved with the following conditions and/or monitoring requirements:

Click or tap here to enter text.

☐ Denied (description of reason[s]):

Click or tap here to enter text.

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TAC Chair

Click or tap to enter a date.



## Appendix D

### Other Network Reapproval Request Form

#### Requesting HIN Information

**HIN Name:** Click or tap here to enter text.

**HIN Address:** Click or tap here to enter text.

**Name of HIN Official Submitting Request:** Click or tap here to enter text.

**Title of HIN Official Submitting Request:** Click or tap here to enter text.

**Date of TAC's original approval:** Click or tap here to enter text.

#### Other Network Information

**Network Name:** Click or tap here to enter text.

**Website/Directory URL:** Click or tap here to enter text.

**Governance Body/Operator:** Click or tap here to enter text.

**Geographic Coverage:** Click or tap here to enter text.

**Accreditations/Certifications:** Click or tap here to enter text.

**Reason for Reapproval Request:** Check all that apply and provide supporting documentation for each.

☐ Changes, including but not limited to changes to permitted purposes, consent flows, identity attributes, or routing, required by the Other Approved Network, including changes that affect the statewide operation of the SHIN-NY.

Description of change(s) and any impact on the Requesting HIN and/or the SHIN-NY:

Click or tap here to enter text.

☐ Changes to the Other Approved Network's contracts, terms or policies that introduce new or different obligations on other HINs or SHIN-NY Participants related to external exchange (i.e., exchange outside the SHIN-NY).

Description of change(s) and any impact on the Requesting HIN and/or the SHIN-NY:

Click or tap here to enter text.

☐ Privacy or security incidents affecting the Other Approved Network.

Description of incident(s) and any impact on the Requesting HIN and/or the SHIN-NY:

Click or tap here to enter text.

Does the incident(s) meet the definition of privacy or security incident in the Other Approved Network's policies?

☐ Yes

☐ No

Has the Other Approved Network responded to the incident(s) in accordance with its policies and procedures?

☐ Yes; describe response: Click or tap here to enter text.

☐ No; describe why policies and procedures not followed: Click or tap here to enter text.

Describe and provide documentation of any corrective action plans and implementation timelines developed by the Other Approved Network in response to the incident(s): Click or tap here to enter text.

## Information in Support of Reapproval Request

If this is a Reapproval Request, the Requesting HIN should provide updated information and documentation related to any element(s) below that are relevant to the Reapproval Request and any additional information applicable to such Reapproval Request.

1. Compliance, including data use and privacy:
  - a. Describe the extent to which the Other Network can demonstrate compliance with all applicable law governing data privacy and security (including but not limited to HIPAA); consents and authorizations to use data within the Other Network; and data sharing, interoperability and information blocking (including but not limited to the provisions of the CMS Interoperability and Prior Authorization Final Rule [CMS-0057-F], the CMS Interoperability and Patient Access Final Rule [CMS-9115-F], and any federal rules and regulations regarding information blocking). Such compliance may be documented, for example, through evidence that the Other Network maintains privacy and/or security certifications that are aligned with HIPAA.
  - b. Describe the extent to which Other Network's agreements, policies and procedures, including those on data use and secondary data uses, align with the SCPA, SHIN-NY SOPs and applicable laws and regulations.
  - c. Describe the extent to which the Other Network implements a "delegation of authority" or other similar method by which an Other Network participant, as a principal, can authorize a delegate(s) to initiate and/or respond to exchange requests on the participant's behalf.
    1. If the Other Network does implement such a delegation, explain whether, and if applicable how, the Requesting HIN intends to utilize it.
    2. The Requesting HIN must submit a privacy and security risk assessment of such delegation conducted by an independent third party.
  - d. Identify any areas of conflict or misalignment with applicable law, agreements and/or policy and any recommended amendments to agreements or policy that could be proposed to address such conflict or misalignment in a manner consistent with the mission and aims of the SHIN-NY.
  - e. Describe the extent to which queries from the Other Network includes the purpose for the request (e.g., individual access, treatment, payment, or healthcare operations) to ensure disclosures are lawful.
  - f. Describe the extent to which the Other Network shares (or has a concrete plan and timeline to do so) patient consent choices with all involved parties, including for treatment purposes. These choices must be supported when required by law or policy, including honoring a patient's right to request restrictions on disclosures of their information for certain purposes.
2. Security:

- a. Describe the Other Network's applicable controls framework (e.g., HITRUST CSF).
  - b. Describe the extent to which the Other Network maintains (or has a concrete plan and timeline to do so) security certification or validation against its applicable controls framework.
  - c. Describe the extent to which Other Network's security requirements meet or exceed SHIN-NY security baselines and recognized security frameworks (e.g., NIST, HITRUST CSF)).
3. Technical:
- a. Describe the extent to which Other Network is fully interoperable with the Requesting HIN/SHIN-NY and requires minimal changes on the part of the Requesting HIN/SHIN-NY.
  - b. Describe the Other Network's proposed data types, exchange purposes, and workflows (e.g., Treatment, IAS, Public Health).
  - c. Describe the Other Network's technical architecture (logical/physical architecture, trust services used (directory, certificates), endpoint models, query/response patterns, message sizes, SLAs, availability, error handling).
4. Operational:
- a. Describe the extent to which the Other Network has a clear and effective support model with proven uptime.
  - b. Identify the business justification for the Approval Request and anticipated value (patient safety, coverage, efficiencies).
  - c. Describe the implementation plan and timeline for participation in the Other Network, including change management, support model, and rollback plan.
  - d. Identify stakeholders impacted by participation in the Other Network and the communications plan.
  - e. Describe the plan for ongoing (e.g., quarterly, annual) review and reporting to NYeC on conditions of participation in the Other Network, including any material changes that would require prompt notice to NYeC and re-approval.
5. Financial:
- a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's non-profit, health data utility mission.
  - b. Describe the extent to which participation in the Other Network is low/no cost and sustainable for the Requesting HIN/SHIN-NY).
6. Reputational

- a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's mission and enhances its value and credibility/trust with stakeholders).
- b. Describe any anticipated reputational impacts to the SHIN-NY (e.g., data breaches or security incidents in the past 3 years).

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HIN Executive Director

Click or tap to enter a date.

## Appendix E

### Other Network Reapproval Request: Risk Scoring Rubric

#### Risk Scoring Rubric

- Score applicable risks (Low/Med/High).
- Identify recommended mitigating controls and/or conditions of approval (e.g., limited XPs at launch; segmented data; enhanced reporting; pilot period).
- Identify recommended monitoring cadence (e.g., monthly for first 3 months, then quarterly).

#### Risk-Scoring Matrix

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Compliance	Fully aligns with SCPA, policies & laws	Minor gaps with clear remediation	Significant gaps/conflicts		
Security	Meets/exceeds SHIN-NY security baselines	Minor variances with controls	Major vulnerabilities or non-alignment		
Technical	Fully interoperable, minimal changes	Some integration complexity	Significant re-engineering required		
Operational	Clear support model, proven uptime	Some uncertainty in ops readiness	No proven operational capability		
Financial	Low/no cost, sustainable	Moderate cost impact	High cost or unclear funding		
Reputational	Enhances SHIN-NY value and credibility	Neutral impact	Potential negative perception		

Total Score: \_\_\_\_\_

Risk Level: \_\_\_\_\_ (To be determined based on number of Risk Categories relevant to the Reapproval Request (e.g., if all categories apply: 0-6 Low | 7-12 Medium | 13-18 High; if two categories apply: 0-2 Low | 3-4 Medium | 5-6 High))

Recommendation: Click or tap here to enter text.

Reapproval Conditions: Click or tap here to enter text.

Monitoring Plan: Click or tap here to enter text.

## Appendix F

### Other Network Reapproval Request: Summary Approval Memo

#### Administrative Data:

Title: Click or tap here to enter text.

Tracking Number: Click or tap here to enter text.

Date of Reapproval Request Receipt: Click or tap here to enter text.

Members of Review Team:

Name	Title	Organization Represented
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Date Review Team Evaluation Completed: Click or tap here to enter text.

Date of Review Team Recommendation: Click or tap here to enter text.

Date of TAC Decision: Click or tap here to enter text.

***Note: Attached to this Summary Approval Memo is the Other Network Reapproval Request (and any supporting documentation) provided to NYeC by the Requesting HIN.***

#### Overview and Description of Request:

Click or tap here to enter text.



## Review Team Evaluation

Based on its review of the Reapproval Request in accordance with the Other Networks SOP, the Review Team has evaluated the Reapproval Request as indicated in the chart below.

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Compliance	Fully aligns with SCPA, policies & laws	Minor gaps with clear remediation	Significant gaps/conflicts		
Security	Meets/exceeds SHIN-NY security baselines	Minor variances with controls	Major vulnerabilities or non-alignment		
Technical	Fully interoperable, minimal changes	Some integration complexity	Significant re-engineering required		
Operational	Clear support model, proven uptime	Some uncertainty in ops readiness	No proven operational capability		
Financial	Low/no cost, sustainable	Moderate cost impact	High cost or unclear funding		
Reputational	Enhances SHIN-NY value and credibility	Neutral impact	Potential negative perception		

Total Score: \_\_\_\_\_

Risk Level: \_\_\_\_\_ (To be determined based on number of Risk Categories relevant to the Reapproval Request (e.g., if all categories apply: 0-6 Low | 7-12 Medium | 13-18 High; if two categories apply: 0-2 Low | 3-4 Medium | 5-6 High))

## Review Team Recommendation

☐ Reapprove

☐ Reapprove with the following conditions and/or monitoring requirements:

Click or tap here to enter text.

☐ Deny (description of reason[s]):

Click or tap here to enter text.

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Review Team Lead

Click or tap to enter a date.

### TAC Determination

☐ Reapproved

☐ Reapproved with the following conditions and/or monitoring requirements:

Click or tap here to enter text.

☐ Denied (description of reason[s]):

Click or tap here to enter text.

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TAC Chair

Click or tap to enter a date.