

# HEALTHeLINK Patient Consent Form Instructions

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Carefully read the information on the HEALTHeLINK Patient Consent Form so you can make an informed decision. Then follow the instructions listed below to complete the HEALTHeLINK Patient Consent Form:

1. Indicate your intention by checking ONLY ONE of the five consent options
2. Confirm your Name
3. Confirm your Date of Birth
4. Confirm your Address, City, State, Zip Code
5. Sign and Date your Signature

**NOTE:** If the HEALTHeLINK Patient Consent Form is being completed by a Patient's Legal Representative (parent of a minor child under the age of 18, health care proxy, guardian), they must complete the HEALTHeLINK Patient Consent Form as instructed above and fill in the "Print Name of Patient's Legal Representative" and "Relationship of Legal Representative to Patient" boxes.

Return the completed HEALTHeLINK Patient Consent Form(s) to HEALTHeLINK either by fax at (716) 206-0039 or mail to:

HEALTHeLINK  
2475 George Urban Blvd, Suite 202  
Depew, NY 14043

For additional HEALTHeLINK information, visit our website at [www.wnyhealthelink.com](http://www.wnyhealthelink.com).

