

February 17, 2023

v2.4



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I. Overview

The consent management application (CMA) is a tool that allows users to update HEALTHELINK Consent without having to access the patient's medical record. CMA is a separate application from HEALTHELINK.

2. Help/Support

For HEALTHeLINK[™] Support

24/7 Help Desk Support	877.895.4724
Local Help Desk Support	716.842.6343

Additional training materials are available at www.wnyhealthelink.com/PhysiciansandStaff/TrainingVideos

https://wnyhealthelink.com/physicians-staff/training-materials/webinars/

Any update to a patient's consent must have a corresponding consent form. All consent forms must be sent to HEALTHELINK within 3 business days. Forms can be faxed to the number on the form (716) 206-0039.

If there is an immediate need to manage the form to allow the access of patient records, fax the completed form to HEALTHELINK at (716) 206-0996 and call (716) 206-0993 option 2 to inform HEALTHELINK staff that the form requires immediate attention. This option is available Monday thru Friday 7:30am-5:00pm ET.



3. Checking for Patient Consent in HEALTHeLINK and HEALTHeNET

Patient consent can be managed 1 of 3 ways:

You may search a Patient Consent:

I. CMA: Consent Management App (Consent App Badge) in HEALTHeLINK.

Applications		
A C HEALTHeLINK		
HEALTHeLINK	Consent App	C AC Portal
	 Healthelink Staff A 	Healthelink Staff

C Search Patien	ts ⑦ Last Name * Training	Date of 12/07	f Birth * Gender 1/1980	→ Search	× Clear Form
Results					
Name	Home Address	Date of Birth	Current Consent Status	Consent Start Date	
STACEY TRAINING	3980 SHERIDAN DR WEST SENECA, NY 14224	12/01/1980	YES	01/26/2023	Continue Consent



2. HEALTHeNET

- a. Please reach out to your Account Manager if you do not have Patient Consent under HEALTHeNET
- b. Log into HEALTHeNET and click on "Patient Consent".

~		
1	ktran 1 🔹	
	Claims Status Inquiry	
	Eligibility Inquiry	Welcome to your HEAITHENET Dashboard I
2	Patient Consent	Please select a transaction in the left navigation menu to submit an inquiry
23	Provider Inquiry	
8	Provider Inquiry Summary	

- 3. HEALTHeNET Eligibility
 - a. Please reach out to your Account Manager if you do not have Patient Consent under HEALTHeNET.
 - b. Log into HEALTHeNET and click on "Eligibility Inquiry".
 - c. Search a patient.
 - d. The highlighted text in screenshot is clickable and will take you to the CMA retaining the search criteria (keeping patient context/demographics).

~		Eligibility Response			Start a:	Select a transaction
2	mbossert 🔹	Dote : 02/17/2023 10:07 AM				
Ê	Eligibility Inquiry	Member Information Primary Care Provider	Health Benefit Plan Coverage Plan Detail:	Benefits		
8	Patient Consent	Payer				HEALTHeUINK Patient Consent
23	Provider Inquiry					1.0
23	Provider Inquiry Summary					L
2	Referral / Authorization Status Inquiry	Member #	Name		DOB	
ß	Referral Request	Address	City	State	ZIP	Gender
Ċ	Reporting	Group Number	Plan Number			
0	Help	ereup : temper		L ≥		
н	EALTHeNET Website Links					



4. Managing Patient Consent in CMA

4.1. Searching for a Patient

- I. Log into HEALTHeCOMMUNITY Portal.
- 2. Select the CMA (Consent App) badge.
 - a. If you have multiple CMA accounts, you must choose the badge that displays the organization you are associated with for the patient you are updating.

Applications		
HEALTHeLINK		
HEALTHeLINK	Consent App	C AC Portal
	Healthelink Staff	 ↔ Healthelink Staff △

- 3. Enter search criteria
 - a. First Name, Last Name, and Date of Birth are required. Gender is not required.
 - b. In the case of hyphenated names, a hyphen or space may or may not be needed between the names (Jones-Smith vs. Jones Smith vs. JonesSmith).
 - c. A suffix may or may not be needed as well.

irst Name *	Last Name *	Da	ate of Birth *	Gender			
	ă.		MM/DD/YYYY 🛱		~	Search	
. Click [SEAR	СН]						
. Click [SEARG	CH]						
Click [SEAR(CH] ts ⑦						
Click [SEAR(Search Patien	CH] Its ⑦ Last Na	me *	Date of B	irth *	Gender		



View Tip Sheet: Use this to reference the options of managing consent.

Q Search Patie	nts 💿	
First Name *		Last Name *
	83	
əlp		
Patient Conser	nt Tip Sh	eet
UPDATE PATIENT CONSENT		
Users may use this feature to lookup	and update conser	nt for a single patient.
Patient Information – Required		
Enter all of the following fields:		
First NameLast NameDate of Birth		
If one or more matches are found, th necessary. If consent status is "NO" "PRINT CONSENT" button to populat and send HEALTHELINK the complet from this link using the guidelines be	e consent status w or "EMERGENCY_O e a consent form wi ed form to finish pro low.	III be displayed, If the consent status is "YES" no action is NLY" and the patient wishes to change this, you can click the th the patient information prefilled. Collect the patient signature occessing. If the status is "UNKNOWN" you can update the status
Select "CONTINUE CONSENT"		
Select the appropriate value:		
Yes - Allows access to your hea Ves EXCEPT Specific Participation	Ith information by t	treating providers.

4.2. **YES** Consent

The search results will display the patient's current consent status as well as the date the consent was signed. If consent status is **YES**, there is no need to collect a new consent unless the patient would like to change their consent value (Follow steps under 4.3). You can then choose CLEAR FORM as no further action is required.

C Search Patient	ts ⑦ Last Name * Training	Date of B	Sirth * Gender 1980 📋	✓ Search	× Clear Form
Results					
🖶 Results Name	Home Address	Date of Birth	Current Consent Status	Consent Start Date	



4.3. UNKNOWN Consent

If a patient has a current consent status of UNKNOWN, you will need to click the CONTINUE CONSENT button to obtain and update their current consent status.

Q Search Patien	ts 🕜				× Clear Form
First Name *	Last Name *	Date of Birt	th * Gender		
Stacey	l Iraining	12/01/191	80	✓ Search	
🗄 Results					
🖽 Results Name	Home Address	Date of Birth	Current Consent Status	Consent Start Date	



(i)

Choose which option the patient would like their consent updated to by clicking the button next to the

desired consent status.	To review	the definitions	of each	consent status.	hover over the	U	, symbol.

Edit Patient Consent	
Patient Information	
Name:	STACEY TRAINING
Home Address:	3980 SHERIDAN DR WEST SENECA, NY 14224
Date of Birth:	12/01/1980
Current Consent Status:	UNKNOWN
Consent Start Date:	01/01/0001
Update Consent Status Authoring Facility:	Landmark Medical Pc
○ Yes ⓓ	
○ Yes, EXCEPT Specific Participant(s) (〕	
○ Yes, ONLY Specific Participant(s) ①	
\bigcirc No, EXCEPT in an Emergency $\textcircled{1}$	
○ No, EVEN in an Emergency ①	
Close Print Consent Update Consent	

Definitions of Consent:

- **YES** Allows access to your health information by all treating providers.
- <u>YES, EXCEPT Specific Participant(s)</u> Allows access to your health information by all treating providers EXCEPT the providers selected.
- <u>YES, ONLY Specific Participant(s)</u> Allows access to your health information ONLY to the providers selected. (At least one provider needs to be selected or you will get an error message when updating).
- <u>NO, EXCEPT in an emergency</u> Does not allow access to your health information EXCEPT in the case of an emergency. (At least one provider needs to be selected or you will get an error message when updating).
- NO, EVEN in an emergency Does not allow access to your health information in any case.



Click on the "Print Consent" button to populate the computer-generated consent form. (This will automatically pull the patient's demographics).

O Yes 🛈	
○ Yes, EXCEPT Specific Participant(s) ①	
○ Yes, ONLY Specific Participant(s) ①	
○ No, EXCEPT in an Emergency ①	
○ No, EVEN in an Emergency ①	
Close Print Consent Update Consent	

A .pdf form will download. Click on the .pdf to pull up the consent.



Once form is printed, obtain the patient's signature and consent value option. Important: This must be the patient's actual signature via pen & paper, or a stylus & signature pad.



Patient Firs	t Name				
STACE	Y				
Patient Last	t Name				
TRAINI	NG				
Date of Birt	h	Patier	at Address		Gender
12/01	1980	3980	SHERIDAN DR		Male
12/01	,1300	WES	T SENECA, NY 14224		Female
Participating I health inform can be access electronically http://wnyhea The choice I	HEALTHELINI ation exchange ed using a state and meets the <u>and meets the and meets the</u> <u>and meets the state</u> make in this for	C Provide e organi eewide d e privad	egar umg my care and treatment be accessed as set forth on lers and Payers ("Participants") who are involved in my care t zation called HEALTHeLINK. If I give consent, my medical re- omputer network. HEALTHELINK is a not-for-profit organiz y and security standards of HIPAA and New York State Law NOT affect my ability to get medical care. The choice I mak her summers of deciding substrates to access the choice I mak	o obtain access to my medica cords from different places w ation that shares information . To learn more visit HEALT we in this form does NOT all	about people's h HeLINK's websi
My Co	onsent Choic	e. Onl	y ONE box is checked to the left of my choice. I can fi	ill out this form now or in	the future.
E	YES	Jac	I GIVE CONSENT to all current and future Participants, electronic health information through HEALTHELINK.	who are involved in my care,	to access ALL o
	YES, EXCE	РТ	I GIVE CONSENT to all current and future Participants,	who are involved in my care,	to access ALL o
	ARTICIPAN	IT(S)	Participant's Name (Provider Office): Participa	are one earocipant(s) listed int's address or phone number:	below.
÷			Tarbupa	and a car or prove fullioer.	
1					
0 3	YES ONLY	,	LOVE CONSENT ONLY to the specific Participant(a)	itted below to access ALL of	my electronic b
N	PECIFIC	T(S)	information through HEALTHELINK.	accordent to access ALL O	ing electronic in
L	SATIST AN	(3)	Participant's Name (Provider Office): Participant's	s address or phone number:	
Y					
0 4	NO, EXCE	PT IN NCY	I DENY CONSENT EXCEPT IN A MEDICAL EME	RGENCY for current and	future Participant
	NO, EVEN	IN	L DENY CONSENT (as surged and future Participation	n assess pay electronic books	information show
	N EMERGE	NCY	HEALTHELINK for any purpose, even in a medical emergence	cy.	allormation three
I understan unless I com in a medical I understan	d that my in pplete this fo l emergency. d that upon i	formation rm and my req	tion may be accessed in the event of an emergency, I check box #5, which states that I deny consent even uest, HEALTHELINK is required to provide me with	Print Name of Patient's (if applicable)	Legal Represent:
a list of dis form.	closures of	my ele	ctronic health information under the terms of this	Relationship of Legal Repr	esentative to Pat
My question	if I request i	form I	nave been answered and I have been provided a copy	Parent Healthca	ire agent/proxy
c. una torm				Guardian Other	- Server and
Signature of	f Patient or	Patient	's Legal Representative Signature Date		
				Practice Nar	me Here
			02/17/2023		
			•		

Attestation will appear for confirmation.

HEALTHeLINK Consent Update Attestation
I have obtained a valid consent form, signed and dated by the patient, and the Date of Signature is valid and is more current than previous date of consent, if applicable. That form has been or will be faxed to HEALTHELINK at 716-206-0039.
Back Continue



A pop up message will briefly display in the bottom right corner of your screen, showing confirmation of a successful update of consent, and you will then have access to the patient's records.

	Consent Update	×
\checkmark		

Fax printed and signed consent to HEALTHeLINK's dedicated Fax Line at the bottom of the consent form. The fax # is 716-206-0039.

×		01/26/2023	Your	practice name here
~			Entity C	onsent Received By
Rev. 1 (11-15-18)	2475 George Urban Boulevard, Suite 202, Dep P	w New York 14043 / Dedicated	Fax Line: 716-206-0039	CNA-01

4.4. **NO** Consent

If the patient is currently consented as either "No, EXCEPT in an emergency" or "No, EVEN in an emergency", there are a series of steps that need to be taken to have this consent properly updated.

If a "NO" or "EMERGENCY ONLY" patient would like to change their consent:

After discussing the options with the patient, the patient has decided they would like to change their consent status. Continue consent as shown below:

1. Click on the "Print Blank Consent" button to populate the computer-generated consent form. (This will automatically pull the patient's demographics).

First Name	La	st Name *		Date of Birth *	Gender		
Stacey	đ	īraining		12/01/1980		✓ Search	
E Results							
Name	Home Address		Date of Birt	n Curren Status	t Consent	Consent Start Date	
STACEY TRAINING	3980 SHERIDAN I WEST SENECA, N	DR Y 14224	12/01/1980	NO		02/02/2023	Print Blank
			Not The Pati	ent You Are Looking For?			



2. A .pdf form will download. Click on the .pdf to pull up the consent



Once form is printed, obtain the patient's signature and consent value option.
 Important: This must be the patient's actual signature via pen & paper, or a stylus & signature pad.

atient First Name TACEY atient Last Name RAINING				
TACEY atient Last Name RAINING				
atient Last Name RAINING				
RAINING				
ate of Birth				
ate of Birth	Patient Address			Gender
0,01,1000	3980 SHERIDAN DR WEST SE	NECA		Male
2/01/1980	NY 14224			Female
request that health inforn articipating HEALTHELIN ealth information exchang in be accessed using a sta ectronically and meets th ttp://wnyhealthelink.com/ he choice I make in this f we access to my informat	ation regarding my care and treatment Providers and Payers ("Participans") v organization called HEALTHELINK. If ewide computer network. HEALTHELI a privacy and security standards of HIP. prom will NOT affect my ability to get m on for the nurse of deriding whether	t be accessed as set forth on who are involved in my care to give consent, my medical re- tyk is a not-for-profit organizi AA and New York State Law weekcal care. The choice I mak to provide me with health in	this form. I can choose wheth o obtain access to my medical ru cords from different places whe tion that shares information ab . To learn more visit HEALTHi . To learn more visit HEALTHI . To learn more or nay my me	er or not to allow scords through the re I get health care out people's health eLINK's website at r health insurers to dical bills
My Consent Choic	e. Only ONE box is checked to the	e left of my choice. I can fi	ll out this form now or in th	e future.
I. YES	I GIVE CONSENT to all cur	rrent and future Participants,	who are involved in my care, to	access ALL of my
	electronic health information th	rough HEALTHeLINK.	-	
2. YES, EXCL SPECIFIC	PT I GIVE CONSENT to all cur electronic health information th	rent and future Participants, prough HEALTHELINK, EXC	who are involved in my care, to EPT the Participant(s) listed be	access ALL of my low.
PARTICIPAN	T(S) Participant's Name (Provider O	ffice): Participa	nt's address or phone number:	
-				
•				
SPECIFIC	I GIVE CONSENT ONLY information through HEALTHe	to the specific Participant(s) li LINK.	sted below to access ALL of m	y electronic health
PARTICIPAN	T(S) Participant's Name (Provider O	ffice): Participant's	address or phone number:	
1				
	access my electronic health info	DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for current and future Participants to access my electronic health information through HEALTHELINK.		
5. NO, EVEN IN AN EMERGENCY I DEVICE CONSENT for current and future Participants to access my electronic health information through				
understand that my it	formation may be accessed in the	event of an emergency	Print Name of Patient's Le	al Representative
nless I complete this fo	rm and check box #5, which states	that I deny consent even	(if applicable)	
a medical emergency understand that upon	my request. HEALTHeLINK is requ	uired to provide me with		
list of disclosures of	my electronic health information	under the terms of this	Relationship of Legal Represe	entative to Patient
orm. In questions about this	form have been answered and I ha	we been provided a conv	(if applicable)	
f this form if I request	t.		Parent Healthcare	agent/proxy
ignature of Patient or	atient's Legal Representative	Signature Date	Guardian Other	
			Practice Nam	e Here
		/ /		
		-	Entity Consent Rece	ived By

Due to compliance requirements, you are unable to update a "NO" consent in real time. It must be updated by HEALTHeLINK Consent Staff.

When a patient has made the consent change from a "No" consent, further actions are required by the practice to ensure this update is implemented. All forms need to be faxed/sent to HEALTHELINK within 3 business days.



The following steps should be taken if the patient is present and waiting for treatment:

- 1. After the patient has signed the form, please fax the form to the EMERGENCY CONSENT FAX LINE: (716) 206-0996.
- After faxing, you can call our Consent Team to notify them of the incoming fax. Please call (716) 206-0993, option 2. The team is available Monday- Friday, 7:30am- 5:00pm ET.

Once the team has made this update, you should have access to these patient records within 15 minutes.

4.5. Managing Consent for a Patient Not Found in HEALTHeLINK

If there is no corresponding patient listed in HEALTHeLINK, you can generate a blank HEALTHeLINK consent form.

Important: Before proceeding with this step, make sure you have entered the patient information correctly. The most common error is mixing up <u>patient first</u> and <u>last name</u> or <u>misspelling</u>. The form will print matching the search criteria that you have provided. In the case of hyphenated names, a hyphen or space may or may not be needed between the names (Jones-Smith vs. Jones Smith vs. JonesSmith). A suffix may or may not be needed as well.

To generate a consent form for a non-HEALTHeLINK patient,

I. Click [VIEW BLANK FORM]





2. A PDF consent form will be downloaded. The generated form will be pre-populated with the provided search criteria (patient name, date of birth, gender) and your practice information.

dult		
atient Last Name		
est		
Date of Birth	Patient Address	Gender
E11E11070		Male
15/15/19/0		Female
request that health informaticipating HEALTHeLIN ealth information exchang an be accessed using a sta lectronically and meets th ttp://wnyhealthelink.com/, The choice I make in this I are access to my informatic	nation regarding my care and treatment be accessed as set forth on this form. I can choose wheel K Providers and Payers ("Participants") who are involved in my care to obtain access to my medical e organization called HEALTHELINK. If I give consent, my medical records from different places wh tewide computer network. HEALTHELINK is a not-for-profit organization that shares information al te privacy and security standards of HIPAA and New York State Law. To learn more visit HEALTH form will NOT affect my ability to get medical care. The choice I make in this form does NOT allo to for the nucleus of deriding whether to require ma with batch insurproce coverage or you my my my my and the security standards of HIPAA.	her or not to allo records through ti ere I get health ca bout people's heal HeLINK's website w health insurers adical bills
My Consent Choi	ce. Only ONE box is checked to the left of my choice. I can fill out this form now or in t	he future.
	I GIVE CONSENT to all current and future Participants, who are involved in my care, t electronic health information through HEALTHeLINK.	to access ALL of n
E 2. YES, <u>EXC</u> SPECIFIC PARTICIPAN	If GIVE CONSENT to all current and future Participants, who are involved in my care, the electronic health information through HEALTHeLINK, EXCEPT the Participant's listed b Participant's Name (Provider Office): Participant's address or phone number:	to access ALL of n elow.
D 3. YES, ONL SPECIFIC PARTICIPAN	I GIVE CONSENT ONLY to the specific Participant(s) listed below to access ALL of a information through HEALTHELINK. Participant's Name (Provider Office): Participant's address or phone number:	ny electronic heal
	PT IN NCY access my electronic health information through HEALTHELINK.	ture Participants
AN EMERGE	IN I DENY CONSENT for current and future Participants to access my electronic health i HEALTHEUNK for any purpose, even in a medical emergency.	information throug
AN EMERGE AN EMERGE Understand that my in inless I complete this for a medical emergency understand that upon List of disclosures of	IN NCY I DENY CONSENT for current and future Participants to access my electronic health HEALTHEUNIK for any purpose, even in a medical emergency. Mormation may be accessed in the event of an emergency, mand check box #5, which states that I deny consent even (if applicable) my request, HEALTHELINK is required to provide me with my electronic health information under the terms of this	information throup
4. NO. FACE A. NO. FACE 5. NO. EVEN AN EMERGE understand that my in inless I complete this fi a medical emergency understand that upon list of disclosures of orm. 19 questions about this	IN NCY I DENY CONSENT for current and future Participants to access my electronic health HEALTHEUNK for any purpose, even in a medical emergency. Print. Name. of Patient's Lo (if applicable) norm and check box #5, which states that I deny consent even to my request, HEALTHELINK is required to provide me with my electronic health information under the terms of this form have been answered and I have been provided a copy Relationship of Legal Repres (if applicable)	information throug agal Representation sentative to Patien
4. NO, EXEC A. NO, EVEN 5. NO, EVEN AN EMERGE understand that my in inless I complete this for a medical emergency) understand that upon list of disclosures of orm. ty questions about this if this form if I request ignature of Patient or	INCN I DENY CONSENT for current and future Participants to access my electronic health HEALTHEUNK for any purpose, even in a medical emergency. Print. Name. of Patient's Leg (if applicable) norm and check box #5, which states that I deny consent even to my request, HEALTHELINK is required to provide me with my electronic health information under the terms of this is form have been answered and I have been provided a copp it. Relationship of Legal Representative. Patient's Legal Representative. Signature Date Guardan Other	information throug agal Representation sentative to Patient e agent/proxy
A. N. EMERGE S. NO, EVEN AN EMERGE Understand that my in inless I complete this fi a medical emergency understand that upon i list of disclosures of orm. dy questions about this f this form if I request iignature of Patient or	INCY NCY I DENY CONSENT for current and future Participants to access my electronic health HEALTHEUNK for any purpose, even in a medical emergency. Print Name of Patient's Legal Representative. Information may be accessed in the event of an emergency. Print Name of Patient's Legal Representative. Print Name of Patient's Legal Representative. Information may be accessed in the event of an emergency. Print Name of Patient's Legal Representative. Print Name of Patient's Legal Representative. Information may be accessed in the event of an emergency. Print Name of Patient's Legal Representative. Parent	Information through agal Representative sentative to Paties a agent/proxy tice

- 3. Print the form.
- 4. Fax the complete form to HEALTHeLINK at the number at the bottom of the consent form.

Please note that there is not an option to update the patient consent for patients not found in **HEALTHELINK**. HEALTHELINK will determine if there is a discrepancy with a current patient, or create a new patient, and apply the consent.



4.6. Yes, Except and Yes, Only Consent

"Yes, EXCEPT Specific Participant(s)" and "Yes, ONLY Specific Participant(s)"

dit Patient Consent			
Patient Information			
Name:	STACEY TRAINING		
Home Address:	3980 SHERIDAN DR WEST SENECA, NY 14224		
Date of Birth:	12/01/1980		
Current Consent Status:	YES		
Consent Start Date:	02/02/2023		
Update Consent Status			
Authoring Facility:	Landmark Medical Pc		
○ Yes ①			
Yes, EXCEPT Specific Participant(s)	×		
Allegany County DOH Clinic			
Allegany County DOH Public Health			
Allentown Pediatric And Adolescent Medicine Llp			
Alvarez Md And Leary Md Pc			
Close Print Consent Update Consent			

When a patient updates their consent value to Yes, Except or Yes, Only, you will be prompted to select which participant or participants are applicable.

The downloaded pdf will reflect these practices:

s	My Consent Choice. On I can also change my dec	y ONE box is checked to the left of my choice. I can fill out this form now or in the future. ision at any time by completing a new form.		
Ε	I. YES	GIVE CONSENT to all current and future Participants, who are involved in my care, to access ALL of my lectronic health information through HEALTHELINK.		
L E C T	2. YES, <u>EXCEPT</u> SPECIFIC PARTICIPANT(S)	I GIVE CONSENT to all current and future Participants, who are involved in my care, to access ALL of my electronic health information through HEALTHELINK, EXCEPT the Participant(s) listed below. Participant's Name (Provider Office): Participant's address or phone number: Buffalo Medical Group		



After the consent has been printed and signed, click on "Update Consent".

Patient Information	
Name:	STACEY TRAINING
Home Address:	3980 SHERIDAN DR WEST SENECA, NY 14224
Date of Birth:	12/01/198
Current Consent Status:	YE
Consent Start Date:	02/02/202:
Update Consent Status	
Authoring Facility:	Landmark Medical P
○ Yes ⓓ	
Yes, EXCEPT Specific Participant(s)	
Buffalo Medical Group ×	•
O Yes, ONLY Specific Participant(s) 🕕	
○ No, EXCEPT in an Emergency ①	
O No, EVEN in an Emergency (i)	

Attestation will appear for confirmation.

HEALTHeLINK Consent Update Attestation	
I have obtained a valid consent form, signed and dated by the patient, and the Date of Signature is valid and is more current than previous date of consent, if applicable. That form has been or will be faxed to HEALTHELINK at 716-206-0039.	
Back Continue	

A pop up message will briefly display in the bottom right corner of your screen, showing confirmation of a successful update of consent, and you will then have access to the patient's records.

Consent Update	×



Fax printed and signed consent to HEALTHeLINK's dedicated Fax Line at the bottom of the consent form. The fax # is 716-206-0039.



5. Faxing HEALTHeLINK Consents

Non-Urgent Consent Updates:

• Fax the signed and dated computer-generated form to our HEALTHeLINK Consent line at (716) 206-0039 within 3 business days.

Emergency Consent Updates:

This fax line can only be used if the patient is currently in the office AND would like to change their consent from a "No" or "Emergency Only" to a "Yes".

- Fax the signed and dated computer-generated form to our **Emergency** HEALTHELINK Consent line at (716) 206-0996.
- Call the HEALTHeLINK Consent Department at (716) 206-0993, option 2 to notify that there is an emergency consent waiting to be updated. Please note that the phones will only be monitored during regular business hours of Monday–Friday from 7:30am to 5:00pm ET.

6. Helpful Tips

- A "YES" Consent is valid community-wide covering the 8 counties of Western New York. You are not required to collect a new consent unless the patient chooses to change the value. The CMA will prevent a consent from being updated from a Yes to a Yes.
- FOR PEDIATRIC PATIENTS ONLY If a parent or guardian has signed the minor's consent, on the day of the patient's 18th Birthday, the consent value will automatically revert to an "UNKNOWN". The patient must then sign a new consent as an adult.
- If you are experiencing any issues finding a patient in the CMA, please check the spelling, DOB and the placement of the First Name/Last Name. If issues continue, call the HEALTHELINK Help Desk.
- To maintain access to the Consent Management (CMA) badge all users are required to login to this badge every 180 days. Failure to do so will result in deactivation.

If you have any questions, please call the HEALTHeLINK Help Desk at 1-877-895-4724 or (716) 842-6343