



## Consent form instructions for the patient

**Carefully read the information on the consent form so you can make an informed decision.**

### **Filling out the HEALTHeLINK consent form:**

- 1) Indicate your intention by checking **only one box**.
- 2) Print your name on the form.
- 3) Print your date of birth.
- 4) Sign and date the form.
- 5) Print your address including ZIP code.
- 6) Have the form “witnessed” by someone that knows you, if you are completing the form outside of your provider’s office.
- 7) Return the form to: HEALTHeLINK, 2568 Walden Avenue, Suite 107, Buffalo, NY 14225; or fax to: (716)206-0039.

Note-If you are filling out the HEALTHeLINK consent form as a **patient’s legal representative** (parent of minor child under the age of 10\*, healthcare proxy, guardian), you should fill out the form as instructed above, and complete the appropriate sections in the “Patient/Legal Representative” section of the form.( Print name, signature, legal relationship)

- Due to New York State regulations, children between the ages of 10-18 cannot have their consent status changed from “ No, except in the event of an emergency”.

