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”.
