

# Consent Form Instructions for the Patient

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Carefully read the information on the HEALTHeLINK Patient Consent Form so you can make an informed decision.

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. Print your name
3. Print your date of birth
4. Print your address, city, state, zip code
5. Sign and date
6. If you are completing the HEALTHeLINK Patient Consent Form outside of your provider's office, you **MUST** have the form "Witnessed" by someone you know. Your "Witness" must provide their name, signature and relationship in the Witness Box at the bottom of the first page of the HEALTHeLINK Patient Consent Form.

**NOTE:** If you are filling out the HEALTHeLINK Patient Consent Form as a **patient's legal representative** (parent of a minor child under the age of 18, healthcare proxy, guardian), you should fill out the form as instructed above and complete provide your name and relationship in the Legal Representative boxes on the form.

Please return the completed HEALTHeLINK Patient Consent Form to HEALTHeLINK either by fax at (716) 206-0039 or mail to HEALTHeLINK, 2568 Walden Avenue, Suite 107, Buffalo, NY, 14225.

