



Managing Patient Consent

September 24, 2026

v2.9

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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, and to electronically generate the consent form. Handwritten consents are no longer accepted. CMA is a separate application from HEALTHeLINK.

Help and 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

[HEALTHeLINK Patient Consent Tip Sheet for Participant](#)

<https://wnyhealthelink.com/for-providers/training-materials/training-videos/>

<https://wnyhealthelink.com/for-providers/training-materials/webinars/>

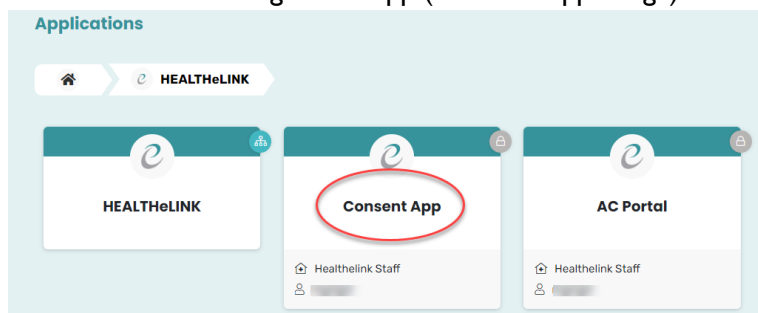
Any update to a patient's consent must have a corresponding consent form. All consent forms must be sent to HEALTHeLINK within 3 business days. Forms can be faxed to the number on the form (716) 206-0039.

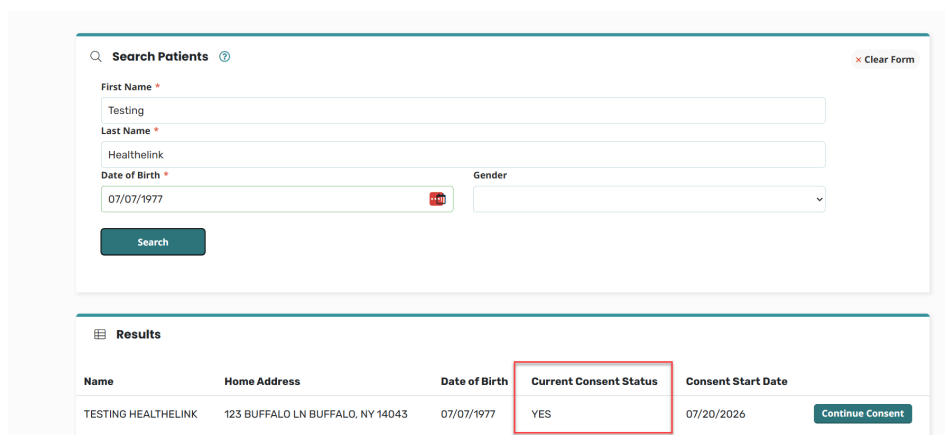
If there is an immediate need to manage the form to allow the access of patient records, fax the completed form to HEALTHeLINK at (716) 206-0996 and call (716) 206-0993 option 2 to inform HEALTHeLINK staff that the form requires immediate attention. This option is available Monday thru Friday 7:30am-5:00pm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

Checking for Patient Consent: HEALTHeLINK & HEALTHeNET

A patient's consent status can be checked by a HEALTHeLINK and HEALTHeNET user by way of the Conesnt Management Application (CMA) and in HEALTHeNET (only available to users with access to HEALTHeNET).

- I. CMA: Consent Management App (Consent App Badge) in the HEALTHeCOMMUNITY Portal





Search Patients Clear Form

First Name *
Testing

Last Name *
Healthlink

Date of Birth *
07/07/1977

Gender
[Dropdown]

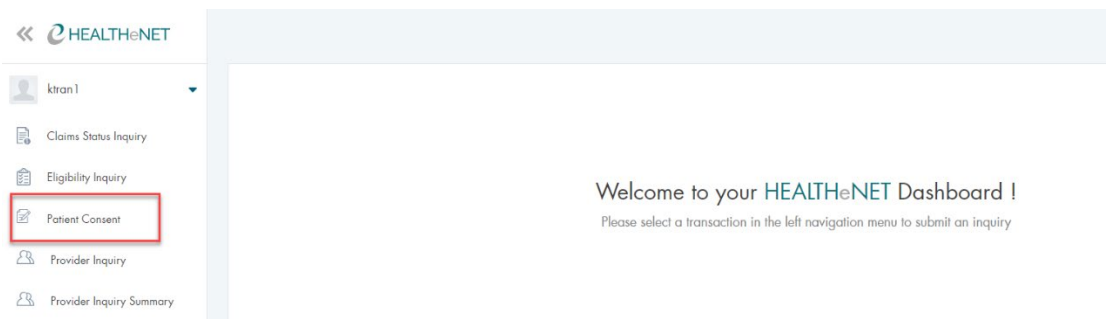
Search

Results

Name	Home Address	Date of Birth	Current Consent Status	Consent Start Date	
TESTING HEALTHLINK	123 BUFFALO LN BUFFALO, NY 14043	07/07/1977	YES	07/20/2026	Continue Consent

2. HEALTHeNET

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



« HEALTHeNET

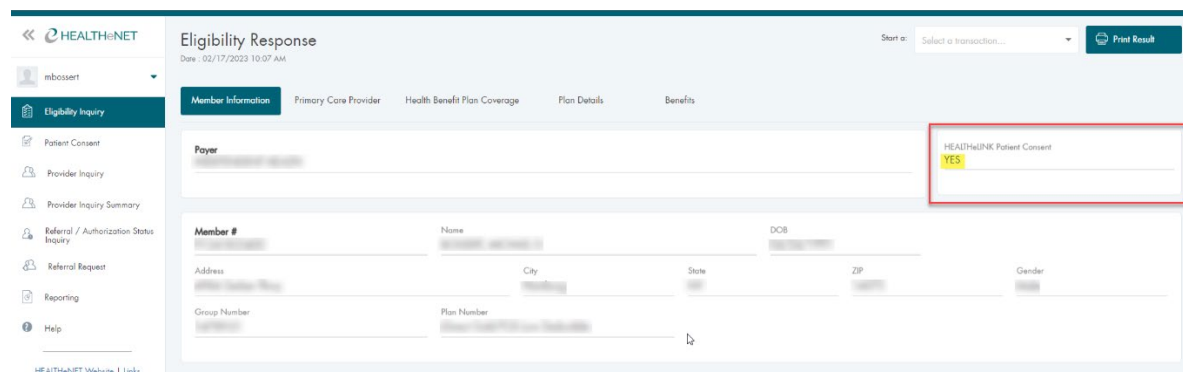
ktran1

- Claims Status Inquiry
- Eligibility Inquiry
- Patient Consent**
- Provider Inquiry
- Provider Inquiry Summary

Welcome to your HEALTHeNET Dashboard !
Please select a transaction in the left navigation menu to submit an inquiry

3. HEALTHeNET Eligibility

- Please reach out to your Account Manager if you do not have Patient Consent under HEALTHeNET.
- Log into HEALTHeNET and click on “Eligibility Inquiry”.
- Search a patient.



« HEALTHeNET

mbossert

- Eligibility Inquiry**
- Patient Consent
- Provider Inquiry
- Provider Inquiry Summary
- Referral / Authorization Status Inquiry
- Referral Request
- Reporting
- Help

Eligibility Response
Date: 02/17/2023 10:07 AM

Start at: Select a transaction... **Print Result**

Member Information Primary Care Provider Health Benefit Plan Coverage Plan Details Benefits

Payer

HEALTHeLINK Patient Consent
YES

Member # Name DOB

Address City State ZIP Gender

Group Number Plan Number

- The highlighted text in screenshot is clickable and will take you to the CMA retaining the search criteria (keeping patient context/demographics).

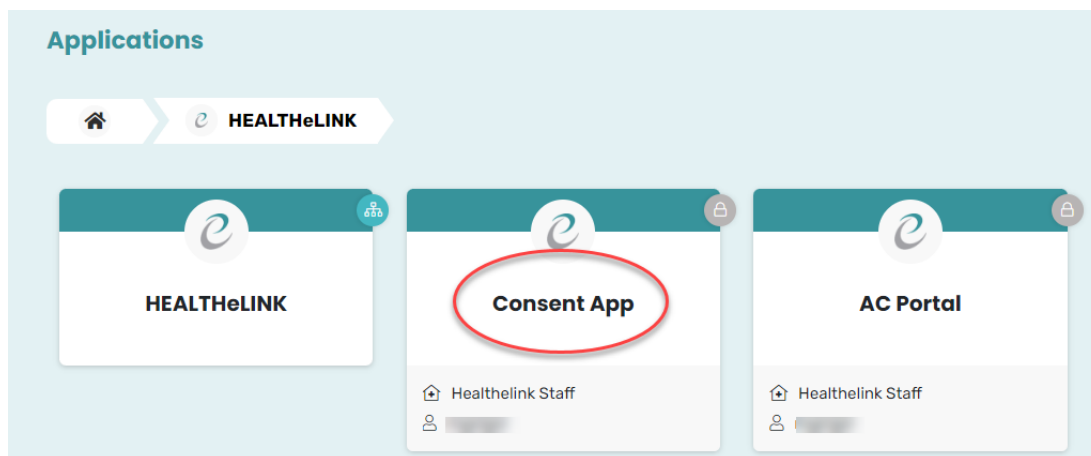
Consent Definitions

1. **YES** – Allows access to your health information by all treating providers.
2. **NO, EXCEPT in an emergency** – 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).
3. **NO, EVEN in an emergency** – Does not allow access to your health information in any case.

Managing Patient Consent in CMA

Searching for a Patient

1. 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.



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.

First Name *

Last Name *

Date of Birth *

MM/DD/YYYY

Gender

Search

- | Results | | | | |
|-----------------|-----------------------------------|---------------|------------------------|----------------------------------|
| Name | Home Address | Date of Birth | Current Consent Status | Consent Start Date |
| STACEY TRAINING | 123 BUFFALO LN, BUFFALO, NY 14043 | 07/07/1977 | UNKNOWN | Continue Consent |

Search Patients

?

Help

Patient Consent Tip Sheet

UPDATE PATIENT CONSENT

Users may use this feature to lookup and update consent for a single patient.

Patient Information – Required

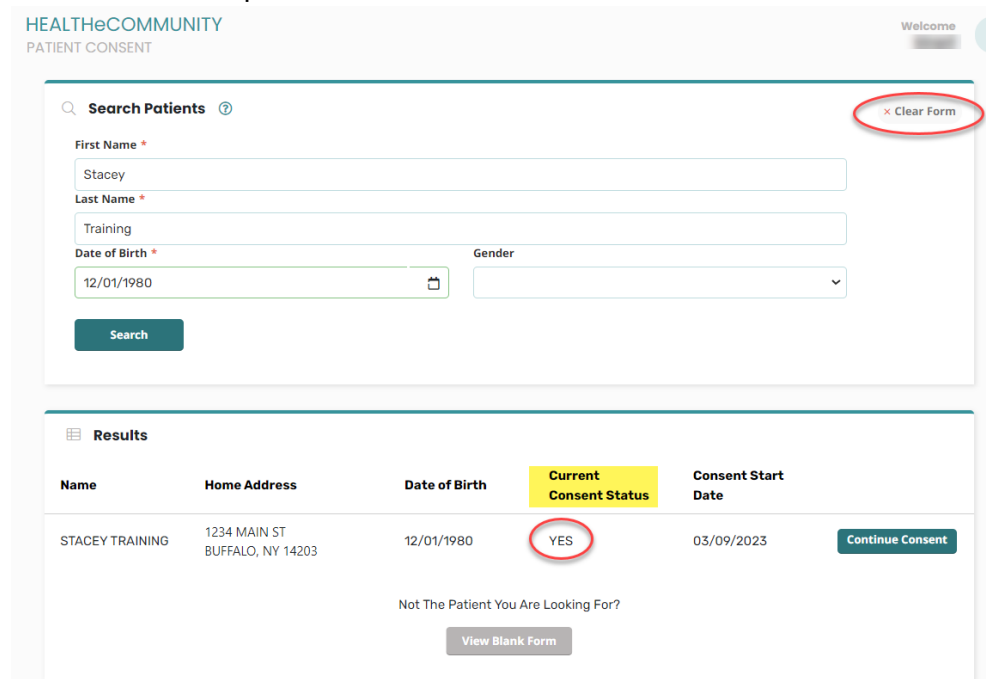
Enter all of the following fields:

- First Name
- Last Name
- Date of Birth

Updating Consent Values

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.



HEALTHeCOMMUNITY
PATIENT CONSENT

Welcome [User Name]

Search Patients ⓘ

First Name *

Last Name *

Training

Date of Birth * 12/01/1980

Gender

Search

Results

Name	Home Address	Date of Birth	Current Consent Status	Consent Start Date
STACEY TRAINING	1234 MAIN ST BUFFALO, NY 14203	12/01/1980	YES	03/09/2023

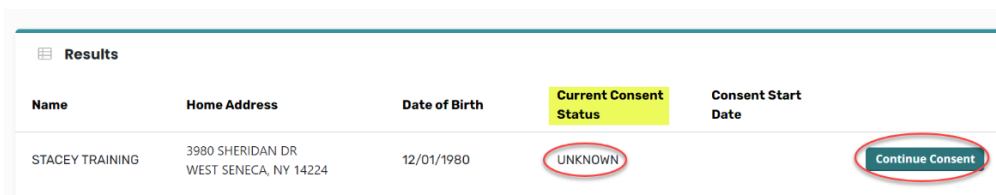
Continue Consent

Not The Patient You Are Looking For?

View Blank Form

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.



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	UNKNOWN	

Continue Consent

- 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 ⓘ symbol.
- Click on the “Print Consent” button to populate the computer-generated consent form. (This will automatically pull the patient's demographic

Edit Patient Consent

Patient Information

Name:

Home Address:

Date of Birth:

Current Consent Status:

Consent Start Date:

Update Consent Status

Authoring Facility:

HealtheLink Staff x

☐ Yes

☐ No, EXCEPT in an Emergency

☐ No, EVEN in an Emergency

Consent Start Date *

mm/dd/yyyy

Close

Print Consent

Update Consent

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



consent_form_Ref...pdf

- 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.

I provided a copy of this form if I request it.

Signature of Patient or Patient's Legal Representative X_____	Signature Date 09/24/20	Your Practice Name Here Entity Consent Received By
--	--	---

- Once you have obtained the patient's signature on the new consent form, you will then select the new consent value on the CMA Page and click "Update Consent".

Edit Patient Consent

Patient Information

Name:
Home Address:
Date of Birth:
Current Consent Status:
Consent Start Date:

Update Consent Status

Authoring Facility:

HealtheLink Staff x

☒ Yes ⓘ
☐ No, EXCEPT in an Emergency ⓘ
☐ No, EVEN in an Emergency ⓘ

Consent Start Date *

09/24/2026

Close

Print Consent

Update Consent

- After clicking on "Update Consent", an Attestation will appear for confirmation, where you will need to click on "Continue".

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

- After clicking on "Continue" A pop-up message will briefly display in the bottom right corner of your screen, showing confirmation of a successful update of consent. You will now have access to the patient's records.

Consent Update

✓

Update of consent successful for the following patient MPIID:
6920c9b1badc88188ba005e3

×

11. **Important:** Although the consent status has already been updated, you will still need to Fax the signed consent form to HEALTHeLINK's dedicated Fax Line at 716-206-0039 (This number can also be found at the bottom of the consent form).

Rev. 2 (09-30-26)

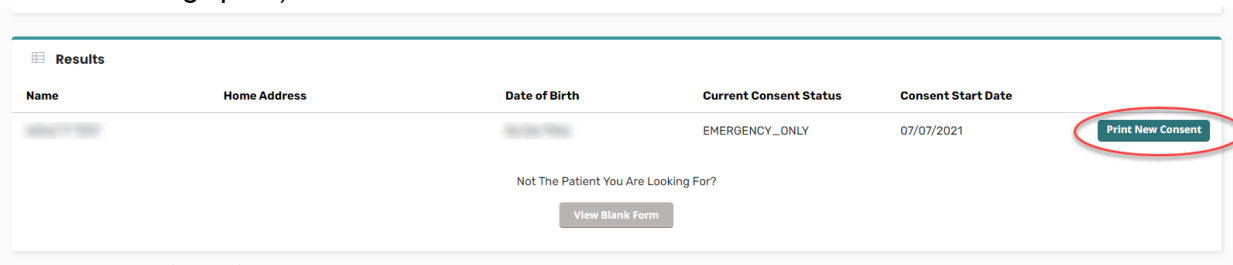
2475 George Urban Boulevard, Suite 202, Depew New York 14043
Page 1 of 2

Dedicated Fax Line: 716-206-0039

CMA-02

NO Consent

1. If the patient is currently consented as either "No, EXCEPT in an emergency" (Will appear as "Emergency Only" or "No, EVEN in an emergency" (Will appear as "NO"), there are a series of steps that need to be taken to have this consent properly updated.
2. If a "NO" or "EMERGENCY ONLY" patient would like to change their consent after discussing the options with the patient, click on the "Print New Consent" button to populate the computer-generated consent form. (This will automatically pull the patient's demographics).



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



consent_form_Refe....pdf

4. 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.
5. Due to compliance requirements, **you are unable to update a "NO" consent in real time. It must be updated by HEALTHeLINK Consent Staff unless you are an overnight emergency facility who has been given "All Status Consent" override.**
6. In order to have the patient's consent status updated from a "No" or "Emergency Only" to a "Yes", the consent form needs to be faxed/sent to HEALTHeLINK's dedicated Fax Line at 716-206-0039 (This number can also be found at the bottom of the consent form).

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Dedicated Fax Line: 716-206-0039

CMA-02

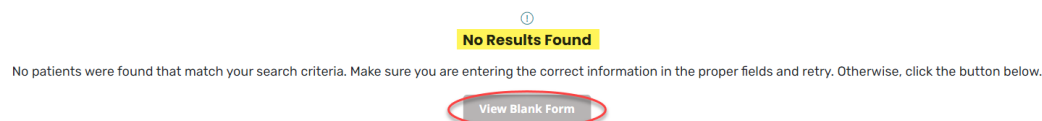
7. IF the patient is currently present and waiting for treatment, you may also utilize the EMERGENCY CONSENT FAX LINE: (716) 206-0996.
 - a. After faxing the signed consent form, you can then call our Consent Team to notify them of the incoming fax. Please call (716) 206-0993, option 2. (The Consent Team is available Monday – Friday from 7:30am – 5:00pm EST.
 - b. Once the team has made this update, you should have access to these patient records within 15 minutes.

Patient Not Found in HEALTHeLINK

1. 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 patient first and last name or misspelling. 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.

2. To generate a consent form for a non-HEALTHeLINK patient, Click [VIEW BLANK FORM]



3. 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.
4. 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.
5. Fax the completed form to HEALTHeLINK's dedicated Fax Line at 716-206-0039 (This number can also be found at the bottom of the consent form).

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Dedicated Fax Line: 716-206-0039

CMA-02

6. **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 to apply the consent.

Important Things to Know When Having a Patient Fill out a new Consent Form

1. 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.

2. When filling out the form patients can only select one option.
3. If you find that you have a large patient population that speaks a language other than English, our consent form is translated into 11 different languages and we will do our best to accommodate your request
4. **All signed patient consent forms are required to be saved by the practice after being sent to HEALTHeLINK.** Per HEALTHeLINK Policy, executed consent forms are subject to periodic HEALTHeLINK audits. If a patient requests a copy of the consent form signed at your practice, you are required to provide them with a copy.
5. If a patient has questions about the consent form, they are allowed to have those questions addressed prior to signing the form. If the practice that is collecting the form is unsure how to answer the patient's questions, the patient can contact HEALTHeLINK
6. **BOTH PAGES OF THE CONSENT FORM NEED TO BE PRESENTED TO THE PATIENT PRIOR TO SIGNING TO ALLOW THE PATIENT TO GIVE INFORMED CONSENT**

Sample Consent Form

 Authorization for Access to Patient Information Through HEALTHeLINK™

Patient First Name TESTING		
Patient Last Name HEALTHeLINK		
Date of Birth 07/07/1977	Patient Address 123 BUFFALO LN BUFFALO, NY 14043	Gender ☐ Male ☒ Female
Medical Record Number 6920c9b1badc88188ba005e3		

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow Participating HEALTHeLINK Providers and Payers ("Participants") who are involved in my care to obtain access to my medical records through the health information exchange organization called HEALTHeLINK. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. HEALTHeLINK is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit HEALTHeLINK's website at <http://wnyhealthelink.com/>.

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

S E L E C T O N L Y O N E	My Consent Choice. Only ONE box is checked to the left of my choice. I can fill out this form now or in the future. I can also change my decision at any time by completing a new form.	
	☒ 1. YES	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.
	☐ 2. NO, EXCEPT IN AN EMERGENCY	I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for current and future Participants to access my electronic health information through HEALTHeLINK.
	☐ 3. NO, EVEN IN AN EMERGENCY	I DENY CONSENT for current and future Participants to access my electronic health information through HEALTHeLINK for any purpose, even in a medical emergency.
I understand that my information may be accessed in the event of an emergency, unless I complete this form and check box #3, which states that I deny consent even in a medical emergency. I understand that upon my request, HEALTHeLINK is required to provide me with a list of disclosures of my electronic health information under the terms of this form. My questions about this form have been answered and I have been provided a copy of this form if I request it.		Print Name of Patient's Legal Representative (if applicable) Relationship of Legal Representative to Patient (if applicable) ☐ Parent ☐ Healthcare agent/proxy ☐ Guardian ☐ Other _____
Signature of Patient or Patient's Legal Representative X _____		Signature Date 09/24/20
		Your Practice Name Here _____ Entity Consent Received By

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” / “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 EST.

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.

See all Consent Tips : [HEALTHeLINK Patient Consent Tip Sheet for Participant](#)

If you have any questions, please call the HEALTHeLINK Help Desk

at 1-877-895-4724 or (716) 842-6343