

# HEALTHeLINK Patient Consent Form Instructions

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Carefully read the information on the HEALTHeLINK Patient Consent Form to make an informed decision. Then 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, and Zip Code
5. Sign and Date
6. If the HEALTHeLINK Patient Consent Form is being completed outside of a provider's office, the HEALTHeLINK Patient Consent Form **MUST** be "Witnessed" by an individual that knows the patient completing the HEALTHeLINK Patient Consent Form. The "Witness" must provide their printed Name, Signature, and their relationship to the patient within the Witness Box at the bottom of the first page of the HEALTHeLINK Patient Consent Form.

**Note:** If the HEALTHeLINK Patient Consent Form is being completed by a Patient's Legal Representative (parent of a minor child under the age of 18, health care proxy, guardian), they must complete the HEALTHeLINK Patient Consent Form as instructed above and fill in the "Print Name of Patient's Legal Representative (if applicable)" and "Relationship of Legal Representative to Patient (if applicable)" boxes.

Return completed HEALTHeLINK Patient Consent Forms to HEALTHeLINK either by fax at (716) 206-0039 or mail to:

HEALTHeLINK  
2475 George Urban Blvd., Suite 202  
Depew, NY 14043

For additional HEALTHeLINK information, visit our website at [www.wnyhealthelink.com](http://www.wnyhealthelink.com).

