



Consent form instructions for Healthcare Providers

When asking your patient for HEALTHeLINK consent, it may be helpful to remind them that you are asking them for the ability to access information that you can get through other channels, but can do so instantly through HEALTHeLINK. **A couple important considerations:**

- **Once a patient has signed a HEALTHeLINK consent form, it is valid for all current participating HEALTHeLINK providers. A new form does not need to be collected by a provider unless the patient consent is “U” (unknown) in HEALTHeLINK.**
- **Children ages 10 to 17 and/or their legal representative, are NOT able to give or deny consent to participate in HEALTHeLINK. Please see section regarding minor consent (www.wnyhealthelink.com/patient/consent/minorconsent)**

REQUIRED ELEMENTS OF A VALID FORM

- The form is valid if **only one box is clearly marked**.
- The patient’s name, date of birth, address and date of signature must be printed **legibly** on the form.
- The patient must sign the form. If patient is unable to sign, see below.

ADDITIONAL ELEMENTS (IF APPLICABLE)

- If a patient’s **legal representative** (parent of minor child less than age 10, healthcare proxy, guardian) is filling out the form on behalf of a patient, they need to include their printed name, signature and legal relationship in the appropriate section.
- The “Witness” section only needs to be completed if the patient fills out the form someplace other than your office. The form then needs to be returned to us by mail or fax: HEALTHeLINK at 2568 Walden Avenue, Suite 107, Buffalo, NY 14225 Fax 716-206-0039.

SUGGESTED WORKFLOW

- Check patient’s HEALTHeLINK’s consent status.
- If patient’s status is UNKNOWN, provide them with a consent form to complete.
- Upon completion, change patient’s status in HEALTHeLINK to their stated intention.
- **If patient has indicated “YES, EXCEPT” status, call HEALTHeLINK immediately at (716)206-0089 for instructions on how to process form.**
- For all other consent status changes, batch fax forms to (716)206-0039 daily.

