



EpicCare Link Site and Users

This form is to be completed in full by a designated site manager or privacy officer. Please complete all highlighted sections.

New Site? Please complete this form and return to: EpicCareLink@EssentiaHealth.org

Adding New Users? Send this form to ServiceDeskNOW@Essentiahealth.org
Subject Line: EpicCare Link Administration Request

Terminating Users? Call 1-855-827-4956 or send this form to ServiceDesk@Essentiahealth.org

All termination notices must be within 24 hours

Site Manager:	
Site Manager Phone:	
Site Manager Email:	
Privacy Officer:	
Privacy Officer Phone:	
Privacy Officer Email:	
Super User:	
Facility Relationship with Essentia Health:	
Facility Type: <i>Please select from drop down list</i>	
Facility Address:	
My facility is a:	<input type="checkbox"/> Hospital and/or clinic <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Home care/home health <input type="checkbox"/> Other (list other):
Our employees (we will request access for) are primarily:	<input type="checkbox"/> Non-Essentia Health physicians <input type="checkbox"/> Clinical support staff (nurse, medical assistant, radiology tech, etc.) <input type="checkbox"/> Clinic administrative support staff (medical records, registration, etc.) <input type="checkbox"/> Pharmacists <input type="checkbox"/> Other (list other):
We will be using our Link access primarily for:	<input type="checkbox"/> Reviewing records for billing/coding purposes <input type="checkbox"/> Reviewing records for continuing patient care (PCP, ED, etc.) <input type="checkbox"/> Other (list other):

Please indicate if this is a new or terminated user. (X)

Site LEGAL entity Name	NEW USER	TERMINED USER	FIRST NAME	MIDDLE INITIAL	LAST NAME	EMAIL ADDRESS	PROVIDER NPI # (If applicable)	PHONE	JOB TITLE/DEPARTMENT	LICENSED PROFESSIONAL PROVIDING PATIENT CARE?

