



Houston Methodist EpicCare Link Order Delegation Release Form Clinical Staff

I hereby authorize my staff to act as my delegate for order entry through Houston Methodist EpicCare Link. I acknowledge that I am required by law to co-sign any orders. Order entry capabilities will be suspended if orders have not been co-signed within 30-days.

Be aware the staff must be licensed or have training as a clinician (MA, CMA, RN, etc.) in order to place orders. If a staff member is no longer part of your clinic/organization, please contact the Houston Methodist EpicCare Link team at EpicCareLink@HoustonMethodist.org so they can update their records.

This form needs to be filled out separately for each delegate, but subsequent forms for a provider only require provider name, NPI, signature, and delegate information. Please sign, date, and return the form to EpicCareLink@HoustonMethodist.org.

If you or your staff do not have EpicCare Link access, please submit a request at <https://www.houstonmethodist.org/epiccarelink/>

Provider Full Name (Print)

Provider Signature/Date

Provider's Direct Email Address (P2P)

Provider NPI

Delegate Full Name (Print)

Delegate Signature/Date

Delegate Clinical Title
(Example: MA, CMA, LPN, RN, RT, PT, OT, etc.)

License Number
(not required for MAs)

License State

Delegate Phone Number

Delegate Email Address

Clinic Name

Clinic Address

City

State

Zip

Clinic Phone

Clinic Fax