

Houston Methodist EpicCare Link Order Delegation Release Form

Multi-Provider Practice Staff

We hereby authorize our staff to act as our delegate for order entry through Houston Methodist EpicCare Link. We acknowledge that we are required by law to co-sign any orders. Order entry capabilities may be suspended if orders have not been co-signed within two business days.

If a staff member is no longer part of your clinic/organization, please contact the Houston Methodist EpicCare Link team at helpdesk@houstonmethodist.org so they can update their records.

Please sign, date, and return the form to helpdesk@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 NPI

Provider Full Name (Print)

Provider Signature/Date

Provider NPI

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Provider Full Name (Print)

Provider Signature/Date

Provider NPI

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Provider NPI

Provider Full Name (Print)

Provider Signature/Date

Provider NPI

Provider Full Name (Print)

Provider Signature/Date

Provider NPI

Provider Full Name (Print)

Provider Signature/Date

Provider NPI

_____ Delegate Full Name (Print)	_____ Delegate Signature/Date	_____ Delegate Title (if clinical staff) (Example: MA, CMA, LPN, RN)
_____ Delegate Full Name (Print)	_____ Delegate Signature/Date	_____ Delegate Title
_____ Delegate Full Name (Print)	_____ Delegate Signature/Date	_____ Delegate Title
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_____ Delegate Full Name (Print)	_____ Delegate Signature/Date	_____ Delegate Title

Clinic Name

Clinic Address

City

State

Zip

Clinic Phone

Clinic Fax