



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 48 hours.

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.

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 NPI

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Delegate Full Name (Print)

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Delegate Clinical Title
(Example: MA, CMA, LPN, RN)

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Clinic Name

Clinic Address

City

State

Zip

Clinic Phone

Clinic Fax