

## Houston Methodist EpicCare Link Order Delegation Release Form Provider

I hereby agree that I will be participating in order entry through Houston Methodist EpicCare Link. I acknowledge that I am required by law to co-sign any orders entered by my staff. Order entry capabilities may be suspended if orders have not been co-signed within 48 hours.

If a staff member is no longer part of your clinic/organization, please contact the Houston Methodist EpicCare Link team at [EpicCareLink@HoustonMethodist.org](mailto:EpicCareLink@HoustonMethodist.org) so they can update their records.

Please sign, date, and return the form to [EpicCareLink@HoustonMethodist.org](mailto:EpicCareLink@HoustonMethodist.org).

\_\_\_\_\_  
Provider Full Name (Print)

\_\_\_\_\_  
Provider Signature/Date

\_\_\_\_\_  
Provider's Direct Email Address (P2P)

\_\_\_\_\_  
Provider NPI

\_\_\_\_\_  
Provider's Cell Phone Number  
(Cell phone needed for login if not already provided)

\_\_\_\_\_  
Provider's Email Address

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Clinic Phone

\_\_\_\_\_  
Clinic Fax