



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 may be suspended if orders have not been co-signed within two business 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 helpdesk@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 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'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 Cell Phone Number
(Cell phone needed for login if not already provided)

Delegate Email Address

Clinic Name

Clinic Address

City

State

Zip