



## 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](mailto: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](mailto: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