

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 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.

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