



Houston Methodist EpicCare Link Order Delegation Release Form

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.

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 Title (if clinical staff)
(Examples: MA, CMA, LPN, RN, RT, PT, OT, etc.)

License Number **License State**
(not required for MAs or non-clinical)

Delegate Cell Phone Number
(Cell phone needed for login if not already provided)

Delegate Email Address

Clinic Name

Clinic Address

City

State

Zip