



## 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.

Please sign, date, and return the form to [epiccarelink@houstonmethodist.org](mailto:epiccarelink@houstonmethodist.org) so a ticket can be created and access changes can be built in the delegate record.

If you or your staff do not have EpicCare Link access, please submit a request at <https://www.houstonmethodist.org/epiccarelink/>

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**Provider Full Name (Print)**

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**Provider Signature/Date**

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**Provider's Direct Email Address (P2P)**

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**Provider NPI**

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**Delegate Full Name (Print)**

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**Delegate Signature/Date**

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

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

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**Delegate EpicCare Link Username (ECLK#####)**

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

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**Delegate Email Address**

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**Clinic Name**

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**Clinic Address**

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**City**

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**State**

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**Zip**