



# WellSpan Care Link Site Access Request

*Note: For entities with multiple locations, please complete a separate site access request form for each location.*

Full Legal Name of Organization/Practice/Entity ( <i>Site</i> )	
Address, City, State , Zip	
Primary Phone Number (including area code)	Fax Number (including area code)
Tax ID	

### Site Administrator User Information

Full Legal Last Name	First Name, Middle Initial
Title/Position	Last 4 digits of SSN (user validation purposes only)
Site Administrator Phone Number (including area code)	Site Administrator E-mail Address

In addition to access required to perform the duties of a Site Administrator, what other access will you require to perform your duties at this Site? (Please do not select more than one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Physician/APC*         | <input type="checkbox"/> EMT   |
| <input type="checkbox"/> Clinical Support Staff | <input type="checkbox"/> Post Discharge Care Clinician/Extended Care Staff |
| <input type="checkbox"/> Biller/Coder           |  |

\*If you are a physician/APC also performing the role of Site Administrator, please provide your NPI number here: \_\_\_\_\_

Have you ever logged into or had access to any **WellSpan Health Epic** application(s)?

Yes  No If yes, what is/was the login User ID: \_\_\_\_\_

- Access needed:
- Clinical
  - SOUTH CENTRAL Preferred / Population Health
  - Imaging (For WellSpan-privileged providers only)

***My signature below acknowledges that I have the authority to request WellSpan Care Link Access on behalf of this Site and I hereby accept the responsibilities of the duties as the designated Site Administrator outlined in the Site Access Agreement.***

\_\_\_\_\_  
Site Administrator Signature

\_\_\_\_\_  
Date

*Note: This site access request may take up to 10 business days to complete following receipt of a fully completed request form.*

Please e-mail completed form to [wellspancarelink@wellspan.org](mailto:wellspancarelink@wellspan.org)

FOR WELLSPAN HEALTH USE ONLY
Form Received:
Site access was created on:
Site Administrator notified: