



## WellSpan Care Link Enrollment Information

The following information identifies the steps and key documents related to enrollment in WellSpan Care Link. Please review this information carefully as there are key documents that must be completed and returned to [wellspancarelink@wellspan.org](mailto:wellspancarelink@wellspan.org) to assure timely access.

**\*\* Please return documents as separate PDF attachments. \*\***

1) **WellSpan Care Link Agreement\*** - This agreement must be signed by an individual authorized (authorized representative) to sign agreements on behalf of the requesting site/practice. This person will be considered the authorized representative for the purposes of designation and/or removal of Site Administrators.

a. As per the agreement, the authorized representative must appoint at least one Site Administrator. A site/practice may have up to three Site Administrators. If the site/practice has multiple physical locations, the authorized representative may designate at least one Site Administrator per physical location.

2) **WellSpan Care Link Site Access Request Form\*** - Authorized representative must forward this form to their appointed Site Administrator(s) for completion. Each appointed Site Administrator must complete this form to enable the creation of the site and to provide acknowledgment that Site Administrator has reviewed and understands Site Administrator responsibilities.

3) Exhibit A Site Administrator & Privacy Officer Duties – Authorized representative must forward this document (also found in the Agreement) to the appointed Site Administrator(s) This document must be reviewed by the appointed Site Administrator(s) before signing the acknowledgment statement in the WellSpan Care Link Site Access Request form.

4) Site Administrator Training PowerPoint – This must be reviewed by the appointed site administrator and an email must be sent to WellSpan Care Link stating it has been reviewed.

**\*Key Documents which must be returned to [wellspancarelink@wellspan.org](mailto:wellspancarelink@wellspan.org).**

**\*\* Please allow up to 10 business days for access to be granted \***