



WellSpan Care Link Site Access Request

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)
Reason Access Is Needed For Your Facility	
Privacy Officer Name	Privacy Officer Contact Info (phone and email)

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 (with area code)	Site Administrator E-mail Address
*If you are a physician/provider also performing the role of Site Administrator, please provide your NPI number here: _____	

My signature below acknowledges that I have received and read Exhibit A – Site Administrator/Privacy Officer Duties of the WellSpan Care Link Access Agreement and agree to comply with the duties outlined in the agreement while I am the Site Administrator. If I should resign from the facility, I will notify WellSpan Health in advance of my departure and communicate the name and contact information for the new Site Administrator.

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