Trinity Health
Of New England

EpicCare Link New Access Request

To be used when requesting user access to any THOfNE EMR portal system, including but not limited to EpicCare Link (CT), EpicCare Link (MA) and Mercy's Meditech.

New Account Request

Fill in all required information, noted by the red asterisk*. Other information is helpful, but not required.

Please select one:

☐ Need to create a new site with multiple users.
☐ Need to add users to an existing site.

Site Information

* Site name: _____

Site Type: _____

Site NPI#: _____

* Phone: _____ * Fax: _____

Address:_____

City: _____ State: _____ Zip: _____

Continue to next page

Complete a separate page for each user for whom access is being requested

User Information

* Name [Last, First]: _____

* Work e-mail: _____

* Work phone: _____   * User Fax: _____

* Cell phone: _____

Credentials (If applicable)

☐ Select if Non-U.S. Credentials

* NPI #: _____   *License #: _____

* License State: _____   Clinician Title: _____

Specialty: _____

*Type of User (check one):

☐ New Provider (Physician, Nurse Practitioner, Physician Assistant)	☐ Clinical Staff (Medical Assistant, LPN, RN, Behavioral Health, etc.)
☐ Post Discharge Care Clinician (e.g. staff of SNF, Home Health, Hospice, Acute Rehab, DME, etc.)	☐ Non-Clinician (e.g. Front Desk Staff, Schedulers, Referral Staff, etc.)
☐ New Biller	☐ New Research Monitor
☐ Specimen Collector (including Lab Outreach)	☐ Emergency Medical Technician (also includes Non-Emergent Transport Services)
☐ New Care Coordinator	

Associated Providers: List the providers this user works with

Provider Name(s):

Other

Comments: