![Hospital Sisters HEALTH SYSTEM]

EpicCare Link Request Form

Name of Facility

[   ]

Type of Facility

☐Long Term Care Facility/Rehabilitation Center/Assisted Living/SNF   ☐Hospice/Homecare   ☐Payor

☐Clinic   ☐Hospital   ☐VA Clinic/Hospital   ☐Department of Health & Human Services

☐Other: (please describe)

[   ]

Hospital/Clinic Systems Affiliated with:

☐HSHS St John's Hospital, Springfield, IL (SJS)
☐HSHS St Mary's Hospital, Decatur, IL (SMD)
☐HSHS St Francis Hospital, Litchfield, IL (SFL)
☐HSHS Good Shepherd Hospital, Shelbyville, IL (GSS)
☐HSHS St Anthony's Hospital, Effingham, IL (SAE)
☐HSHS St Joseph's Hospital, Highland, IL (SJH)
☐HSHS St Joseph's Hospital, Breese, IL (SJB)
☐HSHS St Elizabeth's Hospital, O'Fallon, IL (SEO)
☐HSHS Holy Family Hospital, Greenville, IL (HFG)
☐HSHS St. Vincent's Hospital, Green Bay, WI (SVG)
☐HSHS St Mary's Hospital Medical Center, Green Bay, WI (SMG)
☐HSHS St. Nicholas Hospital, Sheboygan, WI (SNS)
☐HSHS St Clare Memorial Hospital, Oconto Fall, WI (SCO)
☐HSHS Medical Group
☐Prairie Cardiovascular Consultants
☐Prevea Health

Why are you requesting access to the patient records?

☐Treatment/Review of Medical History   ☐Payment/Coding/Billing
☐Healthcare Operations   ☐Other: (provide reason)

[   ]

If a provider clinic, do your provider(s) hold privileges with one or more of our hospitals?

☐No
☐Yes (Identify HSHS Hospital(s)): _____

How many patient records do you anticipate you will need access to?

☐0-10   ☐11-50   ☐51-100   ☐More than 100

If LTC, Rehab Center, SNF, Assisted Living, Homecare or Hospice, do you receive referrals from our hospitals?

☐No   ☐Yes

If yes, would you like to receive referrals within EpicCare Link through an automated process?

☐No   ☐Yes

Please identify who will be the site administrator for your organization, if your EpicCare Link request is approved. This person will be responsible for requesting new user access as well as ensuring that users are removed when no longer appropriate.

Site Administrator Name (Full Name: Last, First, MI)

Site Administrator Email

Site Administrator personal phone number (note this must be provided to verify this user, if password change is needed)