

COMPLETE THE FOLLOWING INFORMATION, PRINT, SIGN¹ AND RETURN TO THE YNHHS SERVICE DESK.

EMAIL: EpicCareLink@ynhh.org or FAX: 203-502-4987

¹All signatures must be ink, not digital. Access will be denied if required fields (*) are not completed.

REQUEST DETAILS

Request Type: ☐ NEW ☐ MODIFY ☐ DEACTIVATE ☐ EXTEND/REACTIVATE ACCOUNT

Has the person requesting access ever logged into YNHHS Epic? ☐ Yes ☐ No

If yes, the login ID: _____

Does this person need the ability to place orders? ☐ Yes ☐ No

Full name of Provider orders will be placed for: _____

Ordering Provider's NPI#: _____

Does this person need the ability for Surgical Case Entry? ☐ Yes ☐ No

Full name of Provider case will be placed for: _____ Provider's NPI#: _____

| | | | |
|-----------------------------------|--|------------------------------|--|
| Last Name * | | First Name, Middle Initial * | |
| Full Legal Name of Organization * | | | |
| Street, City, State, ZIP * | | | |
| Phone * | | Fax | |
| Email * | | Cell | |
| Provider NPI * | | Organization NPI | |

Position/Job Title* (Circle if multiple)

- | | | |
|---|--|---|
| <input type="checkbox"/> MD / DO / ND / DC | <input type="checkbox"/> Medical Assistant / LPN | <input type="checkbox"/> Practice Manager |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> APRN / PA | <input type="checkbox"/> CNM |
| <input type="checkbox"/> OT / PT / RT / SLP | <input type="checkbox"/> RN | <input type="checkbox"/> Other: |

IN BASKET EMAIL NOTIFICATIONS

Alerts will be sent for referrals and responses to referrals ☐ Yes ☐ No

List sites for notifications

SIGNATURES

By signing above, the terms and conditions of use set forth in Exhibit A, attached to this request are agreed upon.

Requester / User *

Signature

Date

Sponsor/ Office Manager* (To be completed by designated Sponsor from your office)

Phone *

Email *

Signature

Date

YALE NEW HAVEN HEALTH SYSTEM
EpicCare Link: Terms & Conditions of Use

Yale New Haven Health System, referred to together with its affiliated hospitals that utilize Yale New Haven Health System's electronic medical records system ("YNHHS"), provides you with access to EpicCare Link ("EpicCare"). EpicCare is a secure, web-based service that allows health care providers having a treatment relationship with a patient to access to that patient's YNHHS electronic medical record. By using EpicCare, you agree to be bound by all the terms and conditions set forth in this EpicCare User Agreement (the "Agreement"). Please read this Agreement periodically as YNHHS may change it from time to time. By continuing to use EpicCare, you agree that any changes to this Agreement will become effective as they are posted.

1. I am a Covered Entity or a Business Associate, as those terms are defined within the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), or an employee of a Covered Entity or a Business Associate. I have a legitimate need to access patient information provided by EpicCare for the purposes of treatment, payment, or health care operations activities, and I shall limit my use of patient information in EpicCare exclusively to those purposes.
2. I shall safeguard the confidentiality of all information that I view or obtain through EpicCare at all times. I shall access patient information in EpicCare only to the minimum extent necessary for my assigned duties and shall only disclose such information to persons authorized to receive it.
3. I will be assigned a User ID and a one-time activation password. I shall immediately select and enter a new password known only to me. I may change my password at any time, and shall do so when required or prompted by YNHHS. I understand that I am the only individual authorized to possess and use my individual User ID and password, and that my User ID and password are the equivalent of my signature. I shall be responsible for any use of EpicCare when accessed with my User ID. If I have reason to believe that my password has been compromised, I will report this information to YNHHS immediately and change my password.
4. I understand that an audit trail, noting my User ID, password(s) or PIN(s), the patient information accessed, and the date may be created and reviewed by YNHHS. Inappropriate or unauthorized access to patient information within EpicCare may result in a report to authorities charged with professional licensing, enforcement of privacy laws and prosecution of criminal acts. I further understand that any inappropriate access or use of patient information within EpicCare, as determined solely by YNHHS, may result in the temporary and/or permanent termination of my access to EpicCare, and disciplinary action up to and including dismissal from the Medical Staff(s) of YNHHS.
5. EpicCare is provided to me on an "as is" basis. YNHHS makes no representations or warranties of any kind, express or implied, as to the operation EpicCare. To the fullest extent permissible by applicable law, YNHHS disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and infringement.
6. The laws of the State of Connecticut, without regard to principles of conflicts of laws, govern this Agreement and any dispute that may arise under this Agreement. To the extent that my employer has entered into an EpicCare Site Agreement or a Business Associate Agreement with YNHHS, I agree to be bound by all terms of such agreements that are applicable to me. This Agreement (and the EpicCare Site Agreement and Business Associate Agreement, to the extent applicable) is the entire agreement, and supersedes any prior or contemporaneous oral or written agreement or understanding regarding the subject matter set forth in this Agreement.