AT THE FOREFRONT
UChicago Medicine

REQUEST FOR EMPLOYEE ACCESS TO EPIC CARELINK FOR AN EXTERNAL ORGANIZATION

*To facilitate review of this request, please provide a **TYPED**, accurate, and complete form for timely processing. Handwritten and/or scanned forms will **NOT** be accepted. Thank you.*

I. Type of Request

- ◉ New Site
- ○ Existing Site

II. Medical Practice/Facility Information

Medical Practice/Facility Name:

Street: Suite #: City: State: Zip Code:

Site Administrator Full Name:

E-Mail: Telephone #:

NOTE: All new account information and login credentials will be sent directly to the Site Administrator to be distributed to clinical staff immediately. For any questions or concerns, please contact our help desk via e-mail at: carelinksupport@uchicagomedicine.org or by dialing, 855-826-3882. Thank you.

III. Employee Information (All Fields Required for Identity Verification)

NAME	DOB (MM/DD/YY)	LEGAL SEX	USER TYPE	PROVIDER TYPE	E-MAIL	NPI (Required for: Physicians & APPs)