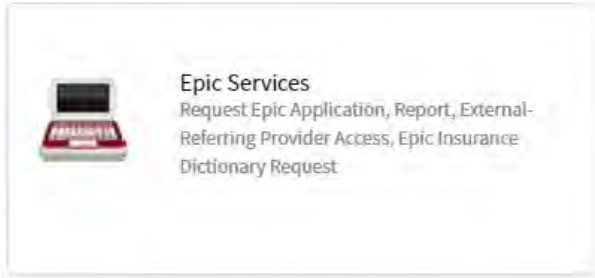


External Request – Requesting EpicCare Link Access

1. Use this link to be taken directly to the [Site Administrator Request Link](#) form. If using this link, please skip to step 4.
2. Alternatively, you can log in to <https://hshs.service-now.com> and clicking on **Epic Services** on the home page:



3. Click **EpicCare Link Access**:



4. Enter the required information in the **General Information** section. All fields with a red asterisk next to it is a required field:

A screenshot of a form section titled "General Information". It contains several input fields with red asterisks indicating required fields. The fields are: "Opened by" (filled with "Epsilon Tester"), "Approval Date" (filled with "2018-03-01"), "Requested by" (filled with "Epsilon Tester"), "Date Needed" (filled with "2018-03-28 10:35:58"), "Manager Giving Approval" (filled with "Epsilon Tester"), and "Expiration Date" (filled with "2018-06-28"). Each date field has a calendar icon to its right.

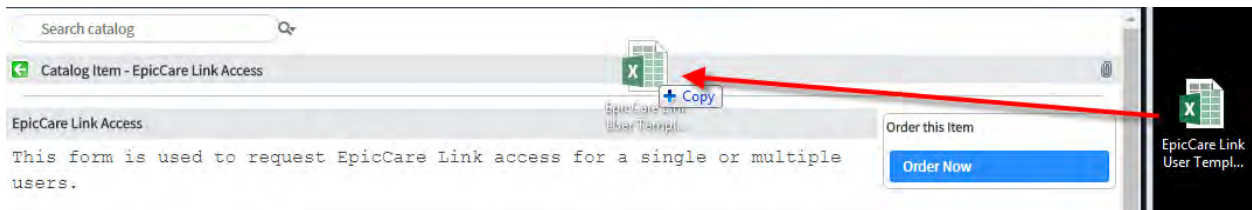
5. In the **EpicCare Link User Information** field, download the **EpicCare Link User Template** spreadsheet:

A screenshot of a form section titled "EpicCare Link Organizational Information". It contains a text box with instructions: "EpicCare Link Access requests require an attachment with organizational information." Below this are four numbered steps: 1. Click this link to the [EpicCare Link - New Organization Request Form](#) to open the file. 2. Save the file to your computer with a descriptive name. 3. Attach the saved file to this form. Click the attachment icon (upper right of form) or just drag and drop the file from your computer to the top of the form. 4. Upon completion, an email will be sent to the site administrator with login information. A red arrow points to the underlined link in step 1.

- Fill in all the information on the spreadsheet and then save a copy locally to your computer:

EPICCARE LINK - NEW ORGANIZATION - REQUEST FORM				
Please complete all highlighted fields below.				
Organization Name:				
Organization Address:				
Phone Number:				
Fax Number:				
Organization Contact Name:				
Organization Contact Email:				
Name of person who will be acting as the Site Administrator for Epiccare Link:	E-Mail	Title	(internal use only) Epic ID	(internal use only) Password
For Clinic Use only:				
List of Providers from your clinic that will be linked to your group (this list of providers may already have access to full Epic access based on their credentials with the hospitals) The providers listed below will determine which patients your group will be associated with. If a patient has a relationship with any provider listed below, the patient will display on your clinics patient list within Epiccare Link.				
Provider Name:	Title	NPI		

- Upload the document to the request by dragging the document into the gray area at the top of the request form:



- Mark the **EpicCare Link Access Type** as **NEW EpicCare Link Access**:

* EpicCare Link Access Type

NEW EpicCare Link Access

9. Enter any additional information that may be needed for the request in the **Other EpicCare Link Access Information:**

Other EpicCare Link Access Information

10. Click **Order Now** at the top of the form to submit the request:

Order this Item

Order Now

Note: After submitting a request, you will always receive a request number (seen below). If you attempt to submit a request and do not receive a request number, your request was not submitted properly. Please check that all required fields have been filled in and try again. If you are still having trouble submitting a request, please contact the help desk at 1-877-403-4357.

Thank you, your request has been submitted

Order Placed: 2018-02-28 11:06:05

Request Number: REQ0258569 ☆

Estimated Delivery Date of Complete Order: 2018-02-28

Number	Full Description
RITM0325002	Student Network and Epic Access Request