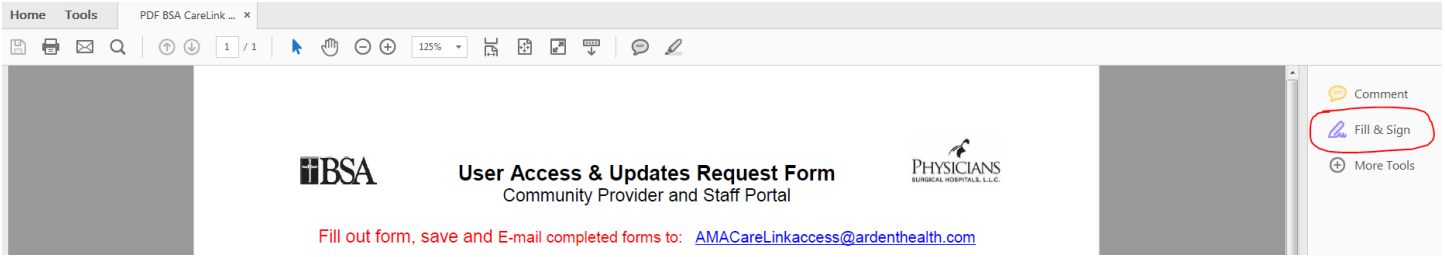# How to complete the User Access & Updates Request Form

SECTION 1:
Select the Fill & Sign to the right side of the PDF. This will allow you to choose typing for boxes that require writing and checkmarks or x's for the small check boxes.

(1)

- <u>Completed by</u>: If you are not the requestor, provide your contact information. If there is a problem you will be notified!
- <u>CareLink Portal Access:</u> Community Providers and Clinical Staff access, to review patient charts, send and receive secure messages and complete other tasks
  - Community Provider – Any providers that are not Ardent employed or Ardent privileged providers
    - In Basket, Full Chart Review, Orders/Referrals, Demographics, Future Appointment Review, Surgeons Daily Schedules
  - Clinical Office Staff – RN, LPN, MA, Surgery Schedulers
    - In Basket, Full Chart Review, Orders/Referrals, Demographics, Future Appointment Review, Surgeons Daily Schedules
  - Front Desk Staff – Front desk staff and Referral staff
    - In Basket, Demographics, Orders/Referrals Review, Future Appointment Review, Surgeons Daily Schedules
  - Biller/Coder/Study Monitor – Billers, Coders or Research Study Monitors
    - In Basket, Chart Review, Document Upload, Demographics, Surgeon Daily Schedules
  - Adding this Provider as a referring provider
- <u>Reason for Request:</u> Short description to indicate the need

SECTION 2:

(2)

Provider Requesting Access Section			
Last Name & Suffix: (Sr, Jr, III, etc.)		First Name: (As appears on Medical License)	MI:
Title: (MD, DO, CFNP etc.)	Provider Billing Number (NPI):		DEA Number:
Epic ID: (Required if an Update)	Last 4 digits of SS#: (Always Required)		Gender: ☐ M ☐ F
Provider Billing Specialty:		Provider Billing Taxonomy:	
State License Number:		License Exp Date:	
Practice Name:	Address:		Address 2:
City:		State:	Zip:
Phone:	Fax:	Professional email Required:	

- If you are a Provider please supply your Last Name, First Name, Title, Specialty, NPI and Taxonomy are all required fields for the provider applications
- DEA Number should it apply
- Epic ID - If revising an existing provider please include the providers Login which they have been assigned. For New Provider requests, leave the field blank
- The NPI and Taxonomy are required fields. The NPI, Taxonomy can be found on the website https://nppes.cms.hhs.gov/NPPESRegistry
- A valid email address is required for every request. This must reflect a private professional email
  - Example: sally.jones@privatepractice.com

Staff Requesting Access Section				
Last Name & Suffix: (Sr, Jr, III, etc.)	First Name:		MI:	Gender: ☐ M ☐ F
Credentials: (RN, MA, LPN, etc.)	Job Title/Role:		Last 4 digits of SS#: (Always Required)	
Practice Name:	Address:		Address 2:	
City:		State:	Zip:	
Phone:	Fax:	Professional email Required:		
User Context Number (Internal use only) :				

- If you hold a position of anything other than a provider please supply your Last Name, First Name, Middle, Credentials, Job Title/Role and SS# are all required fields for the application
- A valid email address is required for every request. This must reflect a private professional email
  - Example: sally.jones@privatepractice.com