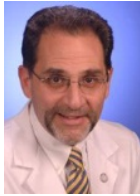


## Message from the Medical Staff Office



*Steven T. Ruby, MD*  
*President, Medical Staff*



*Surendra P. Khera, MD*  
*Chief Medical Officer*

Welcome to **EpiCare Link**! As a Saint Francis *Care* affiliated provider, you are the catalyst for your patients care. We are thankful you have elected to partner with *us* in providing care for your patient. In order to efficiently coordinate treatment we are proud to provide you with EpiCare Link – a web-based portal where you can easily look up your patient information contained from EpiCare Hospital EMR. It allows you to stay informed and give you timely access to your patients’ medical information from any computer or internet-enabled mobile device.

As your patients are cared for by Saint Francis *Care* providers, you'll receive notifications and updates. You will also have the necessary information you need to help maintain your patients’ ongoing medical care.

Initially, EpiCare Link will allow view-only access. In the future, you will be able to place lab and radiology orders, send referrals and messages to Saint Francis providers and facilities directly from your browser. Some of the many features offered with this portal are:

- Lab, imaging and test results
- Hospital admissions
- Discharge summaries
- Consultation notes
- Orders placed by Saint Francis *Care* physicians
- And more!

EpiCare Link is all Online – at no cost to you and there is no software to install. This online portal provides secure, convenient access to patient information through your browser – when and where you need it. Your access is easy to set up, and there’s no software or hardware to maintain, so you can concentrate on caring for your patients.

For more information or to sign up for EpiCare Link please review, complete and submit the attached forms. We are happy to offer you this wonderful product and look forward to our partnering in your patient’s care.



## What is EpiCare Link?

EpiCare Link is a web-based application connecting Saint Francis Care-based affiliates via secure access to select capabilities and patient information with Saint Francis “EpiCare” electronic medical record.

### With EpiCare Link, affiliate providers can:

- Access patients’ medical records at Saint Francis Care — Affiliate providers providing care can access medical records, which can improve the quality of care for the patient.
- Review billing information — Affiliate providers who admit patients in a Saint Francis Care inpatient facility can have their billing staff review clinical documentation to verify client billing is accurate and supported. This feature may be utilized for coding and charge reconciliation.

Affiliate providers may include: referring providers, referred-to providers, contracted providers, support staff delegates and employers.

## Request Access

If you are interested in gaining access to EpiCare Link; please complete and submit the attached forms listed below.

- **Request for Employee Access to EpiCare Link-** Complete the Office Information selection of the form. Choose a Sponsor/Administrator who will act as your office’s primary EpiCare Link contact. The Sponsor/Administrator is responsible for authorizing new account setups and account deactivations. In the event that the Sponsor/Administrator is not available, we recommend that you include a backup person on this form. The Sponsor/Administrator will only be authorized to request new accounts for your office. **Please be aware that we cannot accept the office manager’s signature as appropriate authorization for your office’s initial account setup.**
- **EpiCare Link Access and Confidentiality Agreement-** Each person who will use EpiCare Link **must** complete this form in its entirety. Feel free to make as many copies as necessary for employees requesting a new account.  
*Examples of Organization Acknowledgement Signature can be that of a Doctor/Provider, Owner, or established Sponsor/Administrator.*

### Mail To:

Janell Lewis, Physician Informatics Advocate & Manager  
Saint Francis Hospital & Medical Center  
114 Woodland Street Hartford, CT 06105  
MS# 20501

### Fax:

860-714-1049

**Email:** [epicmd@stfranciscare.org](mailto:epicmd@stfranciscare.org)



IV. **Employee Information (Office/Non-Provider staff)** *Each staff must complete the Access & Agreement Form*

1. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
2. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
3. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
4. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
5. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
6. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
7. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
8. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
9. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*
10. Full Name: \_\_\_\_\_ Role/Function in Office: \_\_\_\_\_  
Email: \_\_\_\_\_ *(Office Manager, Receptionist, Biller, RN, etc.)*

**Sponsor/Administrator Full Name:** \_\_\_\_\_

Role/Function/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number *(if different)*: \_\_\_\_\_

***Please check if you would like access to EpiCare Link (Must complete Access & Agreement Form)***

My signature below indicates that the applicant(s) listed are workforce members of the following organization and has a valid business need to access EpiCare Link operated by Saint Francis.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only**

Access & Agreement Forms Received:  Yes  No Received by MSLC \_\_\_\_\_ Date \_\_\_\_\_  
Processed By: \_\_\_\_\_ Access Granted Date: \_\_\_\_\_



**EpiCare Link  
Access and Confidentiality Agreement**

I understand that Saint Francis Hospital and Medical Center ("Saint Francis") is granting me read-only access to the EpiCare Link system, which is operated by Saint Francis. I understand that such access will allow me to view confidential information not generally available or known to the public, including individually identifiable protected health information and financial information of patients ("Confidential Information") with whom I have (or my organization has) a treatment relationship. I understand that Saint Francis has the legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their Confidential Information. Accordingly, I agree to use EpiCare Link in accordance with this Access and Confidentiality Agreement as follows:

- I understand that federal and state laws, including, but not limited to HIPAA, protect the confidentiality of the Confidential Information to which I will have access and I will access, use and disclose Confidential Information in strict conformance with such laws.
- I agree that I will only access Confidential Information for which I have a legitimate need and I will only access the minimum necessary information for which I have a legitimate reason.
- I will not further disclose Confidential Information to any third party, except for disclosures expressly permitted by applicable law.
- I understand that Saint Francis will issue me a unique user ID and password. I understand that I am not permitted to share this user ID or password with anyone. If I no longer need access to the Confidential Information (for example, I am no longer employed or associated with the organization named below or my job duties have changed) I will contact Janell Lewis at (860) 714-6182 to terminate my access in order to prevent misuse and protect the Confidential Information.

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**Applicant Acknowledgement**

My signature below indicates that I have read and understand all of the above and agree to follow all provisions of this Access and Confidentiality Agreement.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Organization Acknowledgement**

My signature below indicates that the applicant is a workforce member of the following organization and has a valid business need to access EpiCare Link operated by Saint Francis.

Organization: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_