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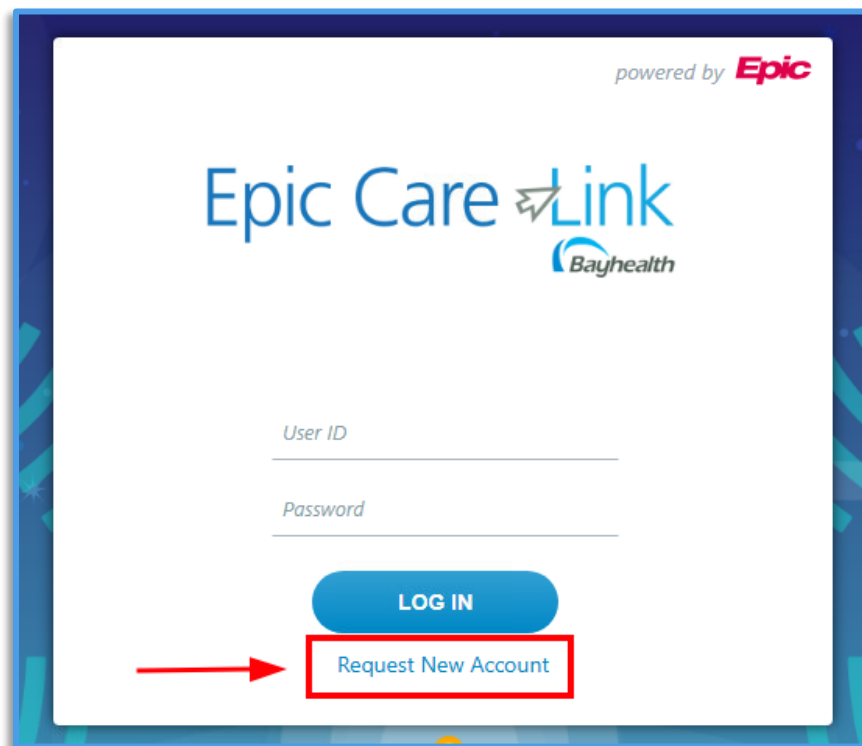
**EpicCare Link  
New Account Request Form**



[EpicCare Link](#) is an online platform enabling community service providers to view limited information in their patients' health records.

Requesting access to EpicCare Link can be done by following the instructions below:

1. Navigate to the Bayhealth EpicCare Link sign-in page:  
[EpicCare Link Login](#)
2. Select "[Request New Account](#)" located at the bottom of the sign-in page:



3. Select the appropriate type of user you are adding to your site  
(Clinical Staff, Provider, Non-Clinician, or Surgical Support)



**Epic Care Link**  
Bayhealth

### Create User Accounts for Your Site

 **Add a user to an existing site**

Choose a type of user to create:

- Clinical Staff**  
Request access for a new clinical staff member
- Provider**  
Request access for a new provider
- Non-Clinician**  
Request access for a new non-clinician
- Surgical Support**  
Request access for a new clinical staff member



4. In the following form, provide as much information about the new user as possible.



The red "!" icon indicates a *required* field



The yellow "!" icon indicates a *recommended* field

Note, if requesting an account for a provider, their license information and national provider identifier (NPI) will also be required within this form.

New Account Request

Clinical Staff

User Information

! First name:

! Middle name:

! Last name:

! Work email:

! Ensure this email address can be accessed. A verification email will be sent when this request is submitted.

! Date of birth:

Site Information

! Site name:

! Site type:

Site NPI #:

! Phone:

! Fax:

Address:

City:

State:

ZIP:

County:

Country:

Basic Information

Work phone:

User Address:

Copy site address

Address:

City:

State:

ZIP:

County:

Country:

Associated Providers: List the providers this user works with

! Provider name:

Add

Other



5. Scroll down on the form, read and agree to the [Confidentiality and Security Agreement](#). Utilize the "[Comment](#)" field to leave any other specific information about the request. Once all required fields have been completed, select "[Submit Request](#)"

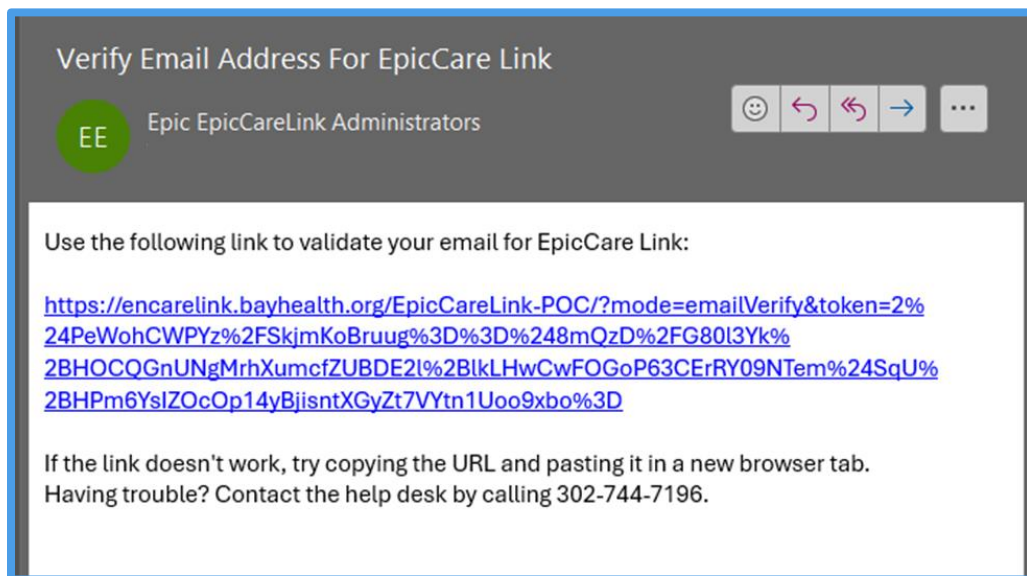
A request confirmation page will be displayed which includes basic instructions and support information. Please retain your "[Reference Number](#)" as it will be required for your first time login. You may also print this page for your own records if necessary.



**6. Verify your email address to finalize your request:**

You will receive an email from Epic with the subject line "*Verify Email Address for EpicCare Link.*" Click on the link within the email to complete the verification process.

**Sample verification email:**

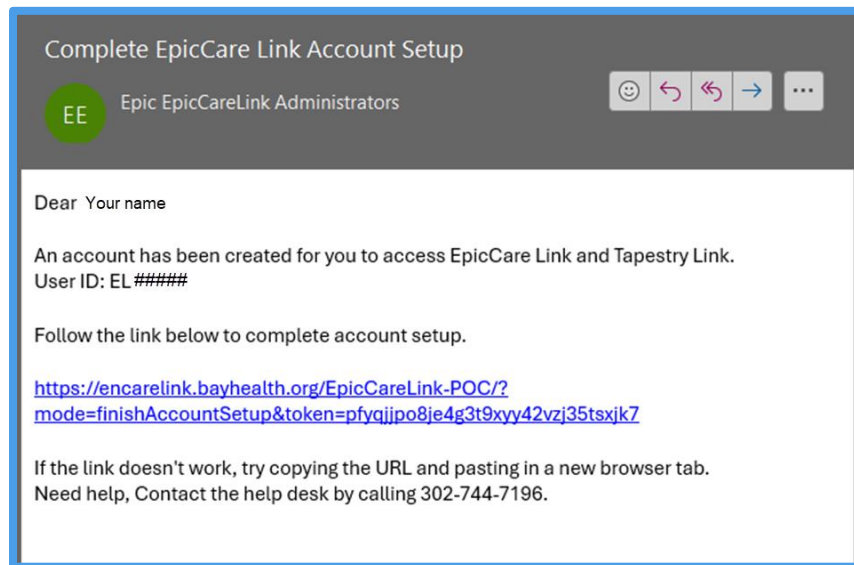




## 7. Complete EpicCare Link Account Setup:

Within 5-7 business days you will receive a follow-up email with the subject “[Complete EpicCare Link Account Setup](#).” Click on the link within this email to set up your account.

### Sample Account Setup Email:



You will be required to enter your [Reference Number](#), [Date of Birth](#), and [User ID](#) (as it appears in the account setup email).

The screenshot shows a "Verify Identity" form with the instruction: "To finish your account setup, enter the following information." It contains three input fields, each with a red exclamation mark icon: "User ID:" (with a text input field), "Reference Number:" (with a text input field and an information icon), and "Date of Birth:" (with a date picker icon). Below the fields is the text: "Need help? Contact the help desk by calling 302-744-7196." At the bottom are two buttons: "Accept" (with a green checkmark icon) and "Cancel" (with a red X icon).

Finally, you may then set your account password and sign into EpicCare Link.