

Saint Luke's Health System

EpicCare Link User Acknowledgement

As a user of the Saint Luke's Health System (SLHS) EpicCare Link application, the following requirements need to be reviewed and acknowledged. This form must be completed by every user prior to access being authorized/provided. Please check and sign below.

- I understand that I may not access my own protected health information (PHI) through the SLHS electronic medical & billing record, EpicCare Link or any other electronic or paper format. I also understand I can get my PHI through any SLHS patient portal or through a request to the Health Information Management Department (HIM).
- I understand I cannot access PHI of others including any family member, friends, significant others, neighbors, or that I may hear about on the news, unless there is a working need to do so as part of your current job.
- I understand that I am not allowed to share my user ID and/or password with others. This includes allowing someone to access any SLHS program while I am logged in under my user ID and password.
- I understand that Saint Luke's Health System reserves the right to limit, deny, or otherwise restrict a user's access to the information provided herein without notice.
- I have read, understand, and agree to comply with the above specific requirements.

Printed Name: _____

Signature: _____ Date: _____ Time: _____

Name of Organization/Place of Employment: _____

Manager's Name: _____

Work Phone Number: _____

Not a Part of the Permanent Medical Record