



# WellSpan Care Link Site Access Request

*Note: For entities with multiple locations, please complete a separate site access request form for each location.*

Full Legal Name of Organization/Practice/Entity (Site)	
Address, City, State, Zip	
Primary Phone Number (including area code)	Fax Number (including area code)
Tax ID (Tapestry Link Only)	

### Site Administrator User Information

Full Legal Last Name	First Name, Middle Initial
Title/Position	Last 4 digits of SSN (user validation purposes only)
Site Administrator Phone Number (including area code)	Site Administrator E-mail Address
*If you are a physician/provider also performing the role of Site Administrator, please provide your NPI number here: _____	
Access needed for your facility: <input type="checkbox"/> EpicCare Link (clinical access) <input type="checkbox"/> Tapestry Link (Population Health)	

***My signature below acknowledges that I have received and read Exhibit A – Site Administrator/Privacy Officer Duties of the WellSpan Care Link Access Agreement and agree to comply with the duties outlined in the agreement while I am the Site Administrator. If I should resign from the facility, I will notify WellSpan Health in advance of my departure and communicate the name and contact information for the new Site Administrator.***

\_\_\_\_\_  
Site Administrator Signature

\_\_\_\_\_  
Date

*Note: This site access request may take up to 10 business days to complete following receipt of a fully completed request form.*

**Please e-mail completed form to [wellspancarelink@wellspan.org](mailto:wellspancarelink@wellspan.org)**