cid:image001.png@01CEB8F8.7D04A660

**Instructions**Complete this *Epic Link Access Request Form* for Companies, Research, Outside Auditors, and Other Record Reviews to review patients in the Emory Healthcare Epic Medical Records System.

**Company Requesting Access Information**

|  |  |
| --- | --- |
| Company requesting access to Epic Link |  |
| Contact Name |  |
| Contact Email Address |  |
| Company’s Number |  |
| Company’s Mailing Address |  |
| Company’s Site Administrator for access (i.e., Point of Contact) |  |

**Research Information**Note: For research, active studies that meet OnCore criterion are pushed by the Office for Clinical Research (OCR), and subjects are pushed from OnCore to Epic by the study coordinator. For details on these steps, review the [OnCore SharePoint site](https://emory.sharepoint.com/sites/OnCore/SitePages/Readiness-Activities.aspx).

|  |  |
| --- | --- |
| Research Study IRB or Study# |  |
| **Attach** | A copy of the actual IRB approval letter **must accompany** this request that reflects the IRB # & expiration date (if applicable). |
| Is this for a Non-OnCore or Non-Epic research study? | € Yes € No  If yes, reason for access: |
| How long will access be needed? |  |

**Emory Healthcare (EHC) Sponsor Information**

|  |  |
| --- | --- |
| Name of the EHC Contact who will sponsor/supervise the Monitor’s/Outside User’s access?  *(Enter Full Name)* |  |
| EHC Net ID |  |
| EHC Site/Facility Needed (i.e., EUH, EUHM, John’s Creek, etc.) |  |

**Study Monitor/Outside User Information**

|  |  |
| --- | --- |
| User’s Full Name, including middle initial  *(Enter Full Name)* |  |
| User’s Title/Role: |  |
| User’s Email Address: |  |
| User’s DOB Year *only* (Full 4 digits) |  |
| Company Address, Phone, and Fax # |  |
| **Attach** | A copy of the Confidentiality and System Access Forms **must accompany** this request. Ensure they have been signed, collected, and attached. |

Once you complete the form, please **email** it to the following people based on the EHC location for Epic Link access below.

**Note:** If this is for a Non-OnCore/Non-Epic research study, please indicate in the email subject line “Request for Non-OnCore/Non-Epic Study.”

|  |  |
| --- | --- |
| EHC Location | Contact Person, #, and Email Address |
| EUH, EUMH, Wesley Woods, and EUOSH | **Erin Jamerson, Manager 404-686-8246** [erin.jamerson@emoryhealthcare.org](mailto:erin.jamerson@emoryhealthcare.org) |
| Emory Johns Creek | **Patricia Wilson, Secretary, Sr.** 678 474-7726 [patricia.wilson@emoryhealthcare.org](mailto:patricia.wilson@emoryhealthcare.org) |
| Emory St. Joseph | **Patricia Wilson, Secretary, Sr.** 678-843-7306 [patricia.wilson@emoryhealthcare.org](mailto:patricia.wilson@emoryhealthcare.org) |
| The Emory Clinic | **Stacey Anderson, Document Management Analyst** 404-778-1474 [stacey.anderson@emoryhealthcare.org](mailto:stacey.anderson@emoryhealthcare.org) |
| Emory Decatur Hospital, Emory Hillandale Hospital, Emory LTAC | **Susan Hill, Supervisor, Revenue Cycle**  404-501-5878 [susan.hill@emoryhealthcare.org](mailto:susan.hill@emoryhealthcare.org)  **Kayce Brookshire, Coordinator** [kayce.brookshire@emoryhealthcare.org](mailto:kayce.brookshire@emoryhealthcare.org). |