How to complete the User Access & Updates Request Form

SECTION 1:

(1) Requested by:  
Phone Number:  

- Identify yourself and provide contact information. If there is a problem you will be notified!

Reason for Request:  

- Short description to indicate the need.
  - Revise the provider’s fax information
  - Adding this Provider as a referring provider

(2) Type of access needed for:  
  - Referring
  - Employed/Privileged
  - Other (Resident, PA, Student)

- Identify what the provider’s status is.
  - Referring - a provider that is being created for billing purposes, will not be accessing patient records.
  - Employed/Privileged – employed or privileged providers requiring access to Epic Hyperspace.
  - Other -

(3) CareLink Portal Access (Community Providers and Clinical Staff only):  
  - Provider
  - Clinical Support Staff
  - Front Desk Staff
  - Biller/Coder
  - Study Monitor

(Employed/Privileged only) Access for:  
  - Haiku/Canto (mobile access)
  - Dragon (dictation)

- CareLink Portal Access – Community access through a web browser, to review patient charts, send and receive secure messages and complete other tasks.
  - Community Provider – Any providers that are not Ardent employed or Ardent privileged providers
    - In Basket, Full Chart Review, Orders/Referrals, Demographics, Future Appointment Review, Surgeons Daily Schedules
  - Clinical Office Staff – RN, LPN, MA, Surgery Schedulers
    - In Basket, Full Chart Review, Orders/Referrals, Demographics, Future Appointment Review, Surgeons Daily Schedules
  - Front Desk Staff – Front desk staff and Referral staff
    - In Basket, Demographics, Orders/Referrals Review, Future Appointment Review, Surgeons Daily Schedules
  - Biller/Coder/Study Monitor – Billers, Coders or Research Study Monitors
    - In Basket, Chart Review, Document Upload, Demographics, Surgeon Daily Schedules

(4) Privileged at:  
  - Lovelace Westside
  - Lovelace Women’s
  - LMC
  - Lovelace/UNM Rehab
  - Lovelace Regional - Roswell

- Identify where the Provider is requesting privileges, select all that apply

(5) Email address required for all applications:  

- A valid email address is required for every request. This must reflect a private professional email.
  - Example:  sally.jones@privatepractice.com
SECTION 2:

(6) Requesting Provider/User Information:

<table>
<thead>
<tr>
<th>Last Name &amp; Entitle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Sr, Jr, III, etc.)</td>
</tr>
<tr>
<td>First Name:</td>
</tr>
<tr>
<td>(As appears on Medical License)</td>
</tr>
<tr>
<td>MI:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>(MD, DO, CFNP, RII, etc.)</td>
</tr>
<tr>
<td>Gender: M F</td>
</tr>
<tr>
<td>DEA Number:</td>
</tr>
</tbody>
</table>

Provider Billing Specialty: | Epic ID:  
(Internal use only)

- Provider Last Name, First Name, Title, Specialty are all required fields for the clinical applications
- DEA Number, most times this can be found on the order itself
- Epic ID - If revising an existing provider please include the providers Login which they have been assigned. For New Provider requests, leave the field blank.

(7) Provider Billing Number (NPI): | Provider Billing Taxonomy:  
State License Number: | License Exp Date:  
Last 4 digits of SS# (office staff only): |

- The NPI and Taxonomy are required fields
- The NPI, Taxonomy can be found on the website [https://nppes.cms.hhs.gov/NPPESRegistry](https://nppes.cms.hhs.gov/NPPESRegistry)

(8) Practice Physical Address:  

<table>
<thead>
<tr>
<th>Practice Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>Do Not Fax Reports</td>
</tr>
</tbody>
</table>

User Context Number:  
(User Context Number:  
(TIN:  
(Internal use only)

- Practice Information can be found on the website [https://nppes.cms.hhs.gov/NPPESRegistry](https://nppes.cms.hhs.gov/NPPESRegistry), however please verify the phone/fax numbers
- Notice the check boxes to indicate Primary vs. Other (additional) Practices.
- Individual's Professional email field is required.

(9) Mailing Address (if different from above):  

<table>
<thead>
<tr>
<th>Practice Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>Do Not Fax Reports</td>
</tr>
</tbody>
</table>

User Context Number:  
(User Context Number:  
(Internal use only)

- Mailing Address can be used for a different Billing Address. Please the “Other (please explain)” field to indicate this is a Billing address vs. a secondary Practice address.
- Individual's Professional email field is required.