

SCHEDULE B
DUKE UNIVERSITY HEALTH SYSTEM
Provider Information

Provider Information

Entity Name

Address Line 1

Address Line 2

City

State

Zip

Phone

Fax

Provider Administrator / Privacy Officer Information

Name

Title

eMail Address

Phone

Provider Healthcare Professional Information: Please list all Provider healthcare professionals to help ensure appropriate access by Provider’s Authorized Users under this Agreement.

Full Legal Name	Provider Type	Credentialed at:	eMail Address	NPI	License Number
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MedLink Site Administrator: The MedLink site administrator is responsible for maintaining the site’s active user list. This includes verifying current user accounts, requesting new accounts and requesting deactivation for users who have left the site.

Name of Assigned MedLink Site administrator:

Provider Administrator/Privacy Officer signature:

Date: