

**SCHEDULE C
DUKE UNIVERSITY HEALTH SYSTEM
Duke MedLink Portal Authorized User Request**

Please complete electronically and submit one form per user.

1. Provider hereby requests permission to obtain and provide Access Information for the Designated Employee listed below.

2. Provider certifies that the Designated Employee: (i) is currently employed by Provider; (ii) requires access to the DUHS EHR requested by Provider in its separate EHR Access Agreement with DUHS dated in order to perform the Designated Employee's job duties described below; and (iii) shall be directly supervised by the Provider physician listed below in so accessing and using the DUHS EHR in the performance of such duties.

Entity Name

Supervising Physician

Employee Information

Full Legal Name

Title / Role

Date of Birth

Last 4 Digits of SSN

eMail Address

Work Phone

Primary Role

(Provider, Clinical, Administrative)

Clinical License Type (e.g., MD, RN, LPN)

License Number

NPI Number (if applicable)

Background Check completed in accordance with the requirements of Section 2 of the Agreement. Please specify background check service verifying the requisite background check has been completed by Provider

Will the user be a MedLink Site Administrator for your Organization?

Yes No

Does this Authorized User need to perform surgical case scheduling/pre-op activities ***directly in MedLink***, ("Delegate")?

Yes No

Has the user ever had a Duke University / Duke Medicine affiliation or ever had a Duke Unique ID or NetID or DHE login ID?

Yes No Unsure

If known, what are / were their Duke Unique ID, Duke NetID, or DHE login ID? _____

**Site Administrator's Signature: _____

Site Administrator's Name: _____

Title/Role: _____

Date: _____

*****Note: When assigning a new MedLink Site Administrator, the Provider Executive, Medical Director, or equivalent should sign this form for the User. All other user requests should be signed by the assigned MedLink Site Administrator.***