



# Select CareLink Request Form

**Hospital(s) Name:** Choose an item.

**Date:**

## Reason for Requesting Select CareLink Access

Indicate the reason Select CareLink access is necessary. List any additional comments if needed.

<input type="checkbox"/> FOR CODING/BILLING	ADDITIONAL COMMENTS:
<input type="checkbox"/> FOR PATIENT CARE	
<input type="checkbox"/> FOR SURVEYOR/JOINT COMMISSION	
<input type="checkbox"/> FOR REGISTRY/RESEARCH	
<input type="checkbox"/> FOR DISCHARGE PLANNING LIAISON	
<input type="checkbox"/> FOR OTHER (PLEASE EXPLAIN):	

## Location Demographics

Enter the demographic information for the site (billing office, clinic, etc.) that is requesting access.

**Facility/Clinic/Billing Office Name:**

Please check one of the following:  **Activate Site** (Site is New)       **Deactivate Site** (Site is No Longer Used)       **Edit Site** (Adding/Removing User/Provider/Surveyor)

Address:		City:
State:	ZIP Code:	Phone:

## Site Administrator Contact Information

List the full name and email address of the user responsible for the site.

Site Admin's Full Name (First MI Last)	Email Address (User specific and company-specific domain)	Status – Please Check One
		<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate

## Select CareLink Users and Email Address

List the full names and email addresses of the users who will need to gain/voke access to Select CareLink.

User's Full Name (First MI Last)	Email Address (User specific and company-specific domain)	Status - Please Check One
		<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
		<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
		<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
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		<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate

**\*\*Note:** Please be aware that Select CareLink users must login at least once every thirty (30) days to still be deemed active and receive Select CareLink access.  
 If an employee has been terminated, notify Select Medical immediately with this form to ensure the account is deactivated promptly. **\*\***

**Affiliated Provider Details**

List the full names, position, and NPI numbers for the providers (physicians, psychologist, etc.) affiliated with the site.

Provider's Full Name (First MI Last)	Provider Position	NPI Number	Status - Please Check One
			<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
			<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
			<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
			<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
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			<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate
			<input type="checkbox"/> Activate <input type="checkbox"/> Deactivate

**Surveyor Details (If Applicable) - State, CMS, TJC etc.**

List the full name, email address, and dates of access for the surveyor who will need Select CareLink access.

Surveyor's Full Name (First MI Last)	Email Address	Duration of Access
		From:                      To:

**Site Administrator:** Return electronically completed form by email to the local Select Hospital Health Information/Credentialing Manager (HIM) for approval. For Discharge Planning Liaisons, return electronically completed form by email to the local Director of Case Management for approval.

**HIM:** Submit this form with the appropriate "Select Epic – Select CareLink [...]" under General IS Requests on the SM Portal Self-Service

**\*\* By submitting this form, you and all listed acknowledge and agree to the attached Select CareLink Terms & Conditions. \*\***



## **CARELINK TERMS & CONDITIONS**

CareLink is Select Medical's version of Epic CareLink. CareLink makes it possible for billers to review provider documentation on certain patients they have been seeing or are currently seeing and liaisons from other healthcare organizations to review patient records prior to transfer/discharge from Select.

**ACCESS:** Protected Health Information (PHI) from the hospital's electronic medical record (EMR) is intended only for the review and use by authorized users for legitimate business needs. Access and/or retrieval of PHI from the EMR for any other purpose are expressly prohibited and is grounds for immediate termination of user access rights. Select retains the right to audit and monitor user access to the EMR.

**TERMS AND CONDITIONS:** Users of CareLink will abide by the following terms and conditions:

- PHI will be accessed only for the purpose of providing healthcare and healthcare services. In the instance of non-treatment purposes (i.e.: billing) users will access the minimum necessary amount of information needed for intended purpose
- Users will be required to complete an Access Form
- Users must have a unique, private, unshared email address affiliated with their employer/company. Public/personal email domains (Google, Yahoo, etc.) are unacceptable.
- At no point can the information sent to the practice affiliated email address be forwarded/sent to a personal email address, under any circumstances
- Users will not share authentication credentials (USERID or password) to any other person and will take appropriate measures to safeguard authentication credentials
- Users will not use or disclose PHI other than as permitted or required by law
- Users will take appropriate safeguards to prevent use or disclosure of PHI other than as provided for in these terms, including but not limited to the following:
  - User will not download or copy/paste PHI to a computer or external device
  - If documents are printed, they should be kept secure while in use and shredded when no longer needed
  - Patient information may not be left displayed on the computer screen
  - Users will log out of the application before leaving the computer
- To mitigate, to the extent practicable, any harmful effects that is known to the user of a use or disclosure of Protected Health Information in violation of the requirements of this Agreement:
  - Promptly notify the HIPAA Hotline at (717)975-4535 or rbreighner@selectmedical.com
- Disclosure of PHI of which he/she becomes aware which would violate the terms of this Agreement
- Users will comply with all applicable federal and state laws and regulations which protect the confidentiality of PHI
- Users will not act or fail to act in a way that would cause Select to be noncompliant with applicable federal or state laws or regulations which protect the confidentiality of PHI
- Promptly notify Select HIM Department when changes occur in his/her practice or job duties which would eliminate or materially affect his/her status or stated justification for access to Select EMRS.
  - If user is no longer employed at said billing office/provider is no longer practicing, notification to the Select hospital HIM will need to be given within one (1) business day in order to get account disabled promptly.
- Users will be required to validate continued access every 30 days, failure to validate will prompt termination of user rights.

**EXPECTATIONS:** The turnaround time for Select CareLink requests varies based on the type of request:

- Password Reset: Same business day
- Add or Remove Site Request: 5 business days
- User or Provider Change Request: 3 business days
- General Question/Issue: Initial response within 3 business days

**TERMINATION:** Select has the right to immediately terminate this agreement and discontinue access to the EMR at any time for any reason.

**INDEMNIFICATION:** Users will be responsible for any breach of this agreement, whether by User or by User's agents, representatives, or employees. User shall defend, indemnify, and hold Select free from all damages, costs, expenses and fees (including attorneys' fees) resulting from such breach.