

Tower EpicCare Link New User Information

***All fields are required**

New User Information:

First Name:

Middle Initial:

Last Name:

Email Address of user:

Telephone Number:

Job Title/Position:

Facility Address (full address):

Is the user employed through a 3rd party vendor/contract?

Has the user worked for Tower or it's entities in the past?

Site/Administrator* Information:

Site/Practice Name:

Site Administrator Full Name:

Site Administrator User ID:

Site Administrator Email Address:

Site Administrator Phone number:

Name of similar user at the site with current access ("same access as")

UserID of "Same Access As"

*Site administrators are responsible for managing access to EpicCare Link for their site. On a yearly basis they will review and validate each user at their site to verify that their access should remain active.