

To	Janet Hicks		
Fax Number	443-462-3047	Phone Number	410-328-8422
From		Date	
Physician Office			
Number of Pages	(including cover sheet):		
Subject	EPIC PortfolioMD Request		
Notes:			

Please type your responses.

**Denotes Required Field*

REQUESTOR INFORMATION					
*Last Name		*Practice Name			
*First Name		*Practice Address			
*Middle Initial		*City, State, Zip			
*SSN (last 4 #s)		Phone Number			
*DOB (MM/DD)		Fax Number			
*Email Address		Specialty			
*Physician Name					
<i>Please mark with an "X" any Facility or User Role that applies to you.</i>					
*FACILITY				* USER ROLE:	
<input type="checkbox"/>	UMMC	<input type="checkbox"/>	UM Rehab	<input type="checkbox"/>	Clinical
<input type="checkbox"/>	UMMC Midtown	<input type="checkbox"/>	UM Shore	<input type="checkbox"/>	Front Desk
<input type="checkbox"/>	UM BWMC	<input type="checkbox"/>	UM SJMC	<input type="checkbox"/>	Physician
<input type="checkbox"/>	UM CRMC	<input type="checkbox"/>		<input type="checkbox"/>	Site Administrator
If this form does not include all required fields, this request will not be processed.					

*For Internal Use Only: Contract End Date	
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University of Maryland Medical System Confidentiality of Information Statement

By signing this request, I acknowledge any access granted to the requested information system is to assist me in the performance of my professional responsibilities. I also acknowledge that this statement supplements and complements the University Providers Confidentiality of Information Statement. I understand that all data in UMMS information systems is confidential and shall be handled accordingly. Protected Health Information (PHI) of patients will be shared only for the purpose of providing care and fulfilling my duties. I understand that UMMS reserves the right to actively monitor all use of the information systems. I understand that use of any information system for personal reasons or in violation of UMMS' confidentiality or acceptable use policies could serve as grounds for disciplinary action.

***Requestor's Signature**

***Requestor's Printed Name**

***Date**

Please print and fax completed form to Janet Hicks at 443-462-3047.