

# EpicCare Link Account Request and Activation through Okta

EpicCare Link is a tool that provides real-time web access to Epic patient information. If you do not have view-only Epic Hyperspace access and need to view patient information, you can access patient information from EpicCare Link.

## **a** EpicCare Link Account request

Requesting access to EpicCare Link for the first time

1. In a web browser, navigate directly to **https://sailpoint.uwmedicine.org/identityiq/external/registration.jsf#/register**
2. Start by entering your email address
3. Click **Next**

**i** Do not use a shared group email address as the email will be your login ID.

**i** Once your account request has been submitted and approved with an account and password, all future access to EpicCare Link will go through [okta.uwmedicine.org](https://okta.uwmedicine.org)

**i** If you already received your activation email, please skip to section C.

**i** **Research Monitors-** If you have questions regarding your access / needing access, or if you have not received your email from the Research Department with your access guide, please contact the UW study team at [researchit@uw.edu](mailto:researchit@uw.edu)

**i** For **Site Coordinators** entering requests on behalf of others, be sure to fill in the Group contact information at the end of the form.

**1** <https://sailpoint.uwmedicine.org/identityiq/external/registration.jsf#/register>

UW Medicine: Enter Login ID

Email Address \*

**2**

This will become your login ID. Do not use a shared group email address.

This field is required

Cancel **3** Next

# EpicCare Link Account Request and Activation through Okta (Continued)

## **b** SailPoint Form

1. Click your **user type** (Do NOT click on Research Monitor if your not from UW Research IT)
2. Click **Next**
3. Fill out all Demographic information with **red asterisk ( \* )** and any form field that pertain
4. Under Identification, please enter at least 1 set of information for (State ID Number + State, Passport Number + Passport Country, or Employer Issued ID Number)
5. Under Provider Details (**not for research monitor**)— Please provide your Taxonomy code, NPI, Medical Degree, Medical License Number + State (Required **if you have any one of these**).

*Role and their Capabilities:*

*Payer:*

- View only access into patient's chart, medical & demographics information  
Can access patients with Name, DOB, Zip, Gender

*EMS:*

- View only access into patient's demographics information  
Can access patients with Name, DOB, Zip, Gender

*Continuity of Care:*

- View only access into patient's chart, medical & demographics information
- Can access patients with Name & DOB  
If a relationship exists with patients in Epic (i.e. referring provider, PCP, attending, etc. or the EpicCare Link user is part of the patient's care team), the patient will automatically appear on the provider's list without having to manually type in their Name & DOB

Continued next page..

**UW Medicine: Select User Type**

Select external user type: \*

- Clinical Provider - Continuity of Care (read-only)
- Emergency Medical Services (demographics only)
- External E-Consults (contracted entities only)
- Payer
- Research Monitor

This field is required

Buttons: Cancel, Back, Next (circled 2)

### **3** Demographics

**First Name \***

\*Or name that appears on medical license

### **4** Identification

Enter at least one set below - State ID/License & State or Passport & Country or Employer Issued ID Number

### **5** Provider Details

**Taxonomy Code**

This field is required if you have one. (10 alphanumeric, ending with X, for example 207Q00000X)

**NPI**

This field is required if you have one.

**Medical Degrees**

# EpicCare Link Account Request and Activation through Okta (Continued)

*E-consult Providers (pilot users only):*

- Only Capital Medical Centers are currently live on this
- View only access into patient’s chart, medical & demographics information
- Can access patients with Name & DOB
- Can create new patients in order to place e-consult orders
- Can place 3 e-consult orders in system (dermatology, rheumatology, endocrinology)

SailPoint Form (continued)

6. Click **Next**
7. Verify the information and click **Confirm** if fields are correct or click **back** to make changes
8. Read over the Privacy, Confidentiality, and Information Security Acknowledgement form. **(Not for Research Monitors)**
9. Click the **checkmark** if you agree to the terms and condition of use
10. Click **Submit**
11. Click **Done**.

**i** *Timeframe for approval process:*

- Approval will be between 1–5 business days.

Cancel 6 Next

Cancel Back 7 Confirm

8

Non-UW Medicine Workforce Privacy, Confidentiality and Information Security Agreement

Privacy, Confidentiality, and Information Security Acknowledgement

UW Medicine has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their protected health information (PHI). Federal and state laws and regulations govern the privacy of our patients and their health information. In the execution of services by the organization, I will or may see patients with a variety of medical issues and/or may see and hear confidential information relating to these patients. This relates to information past, present and future physical or mental health or condition of an individual.

As a condition of accessing UW Medicine PHI, I understand and agree that:

- I will comply with federal and state statutory and regulatory requirements (including 45 CFR Parts 160 and 164 (HIPAA) and RCW 70.02).
- I agree to safeguard my UW Medicine access account, and password. I will not share my password with any other person and will not permit others to access the UW Medicine systems through my account. I understand that I will be held accountable for all accesses made under my login and password and any activities associated with the use of my access privileges.
- I will log out or lock computer sessions prior to leaving a computer.
- I understand that I am being given access to PHI and that my access will only occur according to the contract or agreement signed by UW Medicine and the company or healthcare entity I represent or in accordance with my role as a government investigator, auditor or site reviewer. The information disclosed under this agreement will be only used for the purpose(s) described in that contract, agreement or as needed for the investigation, audit or site review.
- I understand that my access will be monitored to assure appropriate use.
  - I understand that the Secretary of the Department of Health and Human Services or the Washington State Attorney General may investigate complaints and may seek criminal prosecution or impose civil monetary penalties to my company and/or me for inappropriate uses or disclosures of certain protected health information.
- I will limit my access, use, and disclosure of patient information to the minimum amount necessary to perform my authorized activity or duty. I understand that the patient information I access is confidential and will not copy or disseminate except as authorized or allowed or required by law. I will only discuss patient, confidential, or restricted information only with those who have a need-to-know and the authority to receive the information.
  - I will keep protected information taken off-site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked). I will only take protected information off-site if accessing it remotely is not a viable option.
  - I will store all protected health information on secured systems, encrypted mobile devices, or other secure media.
  - I agree that if I terminate my position with the my company or no longer work in my current position, or otherwise am no longer functioning in the role under which access was granted, I, or my company, will immediately notify UW Medicine IT Services Help Desk at: 206-543-7012 or email [mcsos@uw.edu](mailto:mcsos@uw.edu) and request that my access be deactivated.
- I agree to abide by this agreement and understand that these are privileges granted by UW Medicine to me. I further understand and acknowledge that UW Medicine may terminate this privilege at any time.
- I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (206-543-3098 or [comply@uw.edu](mailto:comply@uw.edu)).

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By checking this box, I attest that the end user / I myself have read and agree to the above terms on conditions of use. 10

Exit Back Submit

Thank you! Your request has been successfully submitted. You will receive notification when your account has been created. In the meantime, if you have questions or concerns: Research Monitors: Email [researchchit@uw.edu](mailto:researchchit@uw.edu), All Other Users: Email [uwmedelink@uw.edu](mailto:uwmedelink@uw.edu) or phone (206)598-1709

11 Done

# EpicCare Link Account Request and Activation through Okta (Continued)

## C User Activation

Once your account has been approved, you will get a an Okta user activation email.

1. Review the email
2. Click **Activate Okta Account**
3. You will be taken to **okta.uwmedicine.org** to enter a new password
4. Enter your new password and Click **Change Password**
5. Click on the drop down menu to select a forgot password question and enter your answer.
6. Click **Create my Account**

**i** If your request was not approved, please go over the email for the reason of rejection for the account request.

**i** If you have questions or concerns:

- **Research Monitors:** Email [researchit@uw.edu](mailto:researchit@uw.edu)
- **All Other Users:** Email [uwmedeclink@uw.edu](mailto:uwmedeclink@uw.edu) or phone (206)598-1709

The screenshot shows the Okta user activation interface. At the top, it says 'UW Medicine' and 'Identity and Access Management'. A red circle with the number '1' highlights the 'Welcome to UW Medicine Okta User Activation' header. Below this, there is a '1' in a red circle next to the 'Activate Okta Account' button. A red circle with the number '2' highlights the 'Activate Okta Account' button. Below the button, there is a '4' in a red circle next to the 'Change Password' button. Below the 'Change Password' button, there are two input fields: 'New password' and 'Repeat password', with a red circle with the number '3' next to the 'New password' field. Below the input fields, there is a '5' in a red circle next to the 'Choose a forgot password question' dropdown menu. Below the dropdown menu, there is a '6' in a red circle next to the 'Create My Account' button.

# EpicCare Link Account Request and Activation through Okta (Continued)

## User Activation (Continued)

7. Read over the **Terms and Conditions**
8. Click **Accept**
9. After clicking accept, you will be logged into EpicCare Link.

**i** Always Log out when leaving your workstation unattended.

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**Terms and Conditions**

**University of Washington Medical Center Privacy, Confidentiality, and Information Security Acknowledgement**

UW Medicine has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their protected health information (PHI). Federal and state laws and regulations govern the privacy of our patients and their health information.

In the execution of services by the organization, I will or may see patients with a variety of medical issues and/or may see and hear confidential information relating to these patients. This relates to information past, present and future physical or mental health or condition of an individual.

As a condition of accessing UW Medicine PHI, I understand and agree that:

- I will comply with federal and state statutory and regulatory requirements (including 45 CFR Parts 160 and 164 (HIPAA) and RCW 70.02).
- I agree to safeguard my UW Medicine access account, and password. I will not share my password with any other person and will not permit others to access the UW Medicine systems through my account. I understand that I will be held accountable for all accesses made under my login and password and any activities associated with the use of my access privileges.
- I will log out or lock computer sessions prior to leaving a computer.
- I understand that I am being given access to PHI and that my access will only occur according to the contract or agreement signed by UW Medicine and the company or healthcare entity I represent or in accordance with my role as a government investigator, auditor or site reviewer. The information disclosed under this agreement will be only used for the purpose(s) described in that contract, agreement or as needed for the investigation, audit or site review.
- I understand that my access will be monitored to assure appropriate use.
- I understand that the Secretary of the Department of Health and Human Services or the Washington State Attorney General may investigate complaints and may seek criminal prosecution or impose civil monetary penalties to my company and/or me for inappropriate uses or disclosures of certain protected health information.
- I will limit my access, use, and disclosure of patient information to the minimum amount necessary to perform my authorized activity or duty. I understand that the patient information I access is confidential and will not copy or disseminate except as authorized or allowed or required by law. I will only discuss patient, confidential, or restricted information only with those who have a need-to-know and the authority to receive the information.
- I will keep protected information taken off-site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked). I will only take protected information off-site if accessing it remotely is not a viable option.
- I will store all protected health information on secured systems, encrypted mobile devices, or other secure media.
- I agree that if I terminate my position with the my company or no longer work in my current position, or otherwise am no longer functioning in the role under which access was granted, I or my company, will immediately notify UW Medicine IT Services Help Desk at 206-543-7012 or email mcsos@uw.edu and request that my access be deactivated.
- I agree to abide by this agreement and understand that these are privileges granted by UW Medicine to me. I further understand and acknowledge that UW Medicine may terminate this privilege at any time.
- I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (206-543-3098 or comply@uw.edu).

I understand that I will be responsible for this individual when they are accessing PHI and acknowledge that their access to PHI is in compliance with UW Medicine Privacy Policies.

**Epic-Provided Terms and Conditions**

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Accept
  Cancel

Home
Patient List
Demographics

9
Menu
Log Out

Welcome to EpicCare Link

UW Medicine | EPICCARE LINK

**★ Quick Links**

- [UW Medicine](#)
- [ULink Homepage](#)
- [Job Aid Clinical View Only](#)
- [EpicCare Link FAQs](#)