



Delaware Health Information Network

Request for Locum Tenens Physician Access

Instructions:

1. Practice Administrator/Office Manager should complete a new form for each request.
2. Complete the form and return to DHIN via fax (302) 645-0398.
3. Form is requested at least 24 hours in advance of access date.

PRACTICE INFORMATION

Practice Name _____

Address _____

City, St, ZIP _____

Office Phone () _____ Fax () _____

LOCUM TENENS PHYSICIAN INFORMATION

Provider Name _____ Provider NPI _____

Please indicate dates of Office Coverage

Start Date: _____ End Date: _____

*** Access will be available for 30 days after End Date.**

Please indicate where locum tenens physician is credentialed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bayhealth Medical Center | <input type="checkbox"/> Christiana Care Health System | <input type="checkbox"/> Nemours/Al duPont Hospital for Children |
| <input type="checkbox"/> Beebe Medical Center | <input type="checkbox"/> Nanticoke Health Services | <input type="checkbox"/> Saint Francis Healthcare |

Does the locum tenens physician have any patients of their own? Yes No

During this coverage period, will the locum tenens physician be substituting at another facility? Yes No

If yes, please indicate practice name and location: _____

AUTHORIZATION

1. I hereby authorize the locum tenens physician to access my practice's patients during the coverage dates listed above.
2. I will provide written notification to DHIN within one week after the physician's last day.
3. I understand the practice will be responsible for all follow up and ensure that all results for the patients are received for any tests ordered by the locum tenens doctor.

Practice/Office Manager Signature: _____ Date: _____

Practice/Office Manager Printed Name: _____