

USF Departing Request Form



Please review and complete this Departing Form when a USF provider plans to leave the practice to insure there are no medical record documentation gaps, outstanding care items or outstanding charges. Please provide the following information in full, so the request can be processed in a timely manner.

PROVIDERS INFORMATION	
Last, First Name:	Job/Title:
Dept/Division:	Location:
Last day of Scheduled Appointments: *Note: Any open schedules beyond the date specified will be cancelled.	Reschedule Instructions:
Requested By:	Phone #:
Date Submitted:	USF Health Network (HSCNet) Username:
(Requesting Deactivation, please enter EPIC/PCIS Username.)	
EPIC User ID	PCIS User ID, applicable:
Name of the Provider, if assigned, who will be assuming the departing Provider's appointments:	
Are there any Clinic/Resources that the departing provider is associated with?	
All "Result Review" inbasket messages will be sent to the department's clinical pool for follow up. Clinical staff and Department administrators may then forward these results to the assigned physician taking over the patient's care.	
Will the provider keep privileges at TGH? YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <input type="checkbox"/>	
If yes, what is their TGH badge information (ie.d01234)? If you are unsure, we will reach out to the provider to confirm.	
Is Provider leaving area? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide new work address (phone/fax included) to update Provider Record in Epic.	
<p>Provider has remainder of the month of the last scheduled appointment plus one full month to complete all Inbasket messages, Rx renewal requests, and to close all open encounters before Epic access will be inactivated. Example: If Departing Request Form is submitted on 2/15/16, provider has until 03/31/16 to complete above items.</p> <p>All open encounters should be completed and closed prior to the provider's Epic access is schedule to be inactivated. You can find the open encounters report per department by going to following link below. Once access has been inactivated, the provider will no longer be able to submit charges.</p> <p style="text-align: center;">https://usfhealth.app.box.com/files/0/f/7021797109/Reports-Dept_Admins.</p>	
Requestor Signature _____	Date _____
Department Chair Signature _____	Date _____

Please email completed form to EpicSupport@health.usf.edu

Updated June 2016