

UAB Ambassador Program

The Ambassador Program allows practitioners to have complete access to their patients' UAB records, including admission and discharge summaries, clinical notes, activities and lab results through a secure web portal. This innovative tool improves communication between UAB Medicine and referring practitioners, enhancing continuity of care. There is no charge to participate in this program.

To request access to the program, please complete and fax the attached form to Physician Services at 205-996-9107. A secure token, user ID and password will then be created for you. A physician liaison will visit your office to provide training on the use of the program.

As a practitioner who will be granted access to the protected health information (PHI) provided within Ambassador, you acknowledge and agree to the following UAB Health System Security Policies:

- The PHI you access is for the continuation of patient care of your patients only.
- Your logon and token cannot be shared with additional personnel other than the Designee User listed on your request form
- You are responsible for all activity and usage associated with your logon. Logon activities are regularly monitored.
- When viewing PHI via Ambassador, you will not leave the computer terminal unattended and will log off once you have completed your task.
- This privilege will be terminated immediately in the event you view data or medical information of individuals who are not your patients.
- UAB cannot guarantee that Ambassador will be accessible during a medical emergency.
- UAB cannot guarantee the accuracy, completeness or timeliness of the information within Ambassador.
- To be connected with other physicians within the practice, the Consent to Link Physician Practice section must be completed and on file with UAB Physician Services.

If you have any questions or need additional information regarding Ambassador or UAB Medicine, please feel free to contact Physician Services at 205-934-6890 or Ambassador@uabmc.edu .

Disclaimer:

UAB Medicine seeks to enhance the continuity of care for our patients. Physician Services, through UAB Ambassador, aims to provide enhanced communication between UAB and referring physicians throughout the Region. UAB Physician Services will continue to follow the protocol and procedures outlined above, and will modify if necessary to remain in accordance with privacy and safety measures. Questions or concerns should be directed to: UAB Physician Services, 500 22nd Street S., Birmingham, AL 35294. 205-934-6890

Request for UAB Ambassador Token Access

| | | | |
|---|------------------|---------------------------|----------------------------|
| Please circle one: | Physician | Nurse Practitioner | Physician Assistant |
| Physicians have two token options: Hard token ___ or Smart Phone app token ___ (Android ___ or iPhone ___) | | | |
| NP & PA: Tokens are available via an app on smart phones only. Circle one: Android iPhone | | | |
| First Name _____ Middle Initial _____ Last Name _____ | | | |
| Physician NPI # _____ Practice Name _____ | | | |
| Street Address _____ | | | |
| City _____ State _____ Zip Code _____ | | | |
| Phone _____ Fax _____ County _____ | | | |
| Specialty _____ Email _____ | | | |
| Designated User(s) _____ | | | |

Consent To Link Physician Practice

Practitioners within the same office may be linked to one another's Ambassador Portal. Once linked, each practitioner will be able to view patients of the others within the practice. For access to this feature, UAB Physician Services must have the consent of each practitioner wishing to participate. UAB Physician Services will only connect those who agree to share their patient lists. Should a practitioner choose not to participate in the practice connection, he or she will not appear in the practice group, and the patient list can only be accessed by their individual Ambassador token. A practitioner can be removed from a practice group at any time, and if a practitioner leaves or relocates to another practice, Physician Services must be notified.

_____ I authorize my patient list to be linked to these practitioners' within the practice _____

_____ I do not wish to link my patient list with the practitioners within our practice at this time.

I have read and understand the terms and conditions (attached) for use of the UAB Ambassador Program. I agree to abide by these terms and conditions.

Signature _____ Date _____

Acknowledgement: I acknowledge that I have received my Ambassador Token, Liaison Training and UAB Ambassador User Guide.

Received Signature _____ Delivery Date _____