UAB Ambassador Program

The Ambassador Program allows practitioners and legally designated staff 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 within Physician Services will arrange training for you and your office 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 Primary User(s) 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.
Request for UAB Ambassador Token Access

Please circle one:  Physician  Nurse Practitioner  Physician Assistant

MD, NP, and PA options: Hard token ____ OR Smart Phone App ____ (Android____iPhone____) Cell # ______________

PLEASE PRINT LEGIBLY BELOW

First Name ___________________________ Middle ___________________________ Last Name ___________________________

Provider NPI # ___________________________ Practice Name ___________________________

Street Address ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Phone ___________________________ Fax ___________________________ County ___________________________

Specialty ___________________________ Email ___________________________

Primary User(s) First Name & Last Name (other than main provider) __________________________________________

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Consent to Link Providers
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. UAB Physician Services must have the consent of each practitioner wishing to participate. Should a practitioner choose not to participate, he or she will not appear in the practice group. A practitioner can be removed from a practice group at any time. If a practitioner leaves or relocates to another practice, Physician Services must be notified.

_____ I authorize my patient list to be linked to the following practitioners: __________________________________________

_____ 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 ___________________________

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

Received Signature ___________________________ Delivery Date ___________________________

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. 205.994.6890.