

# 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 Ambassador, please complete and fax the attached form to Physician Services at 205-731-6406. A secure token, user ID, and password will then be created for you. A physician liaison will visit your office to provide training on platform use.

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 log on and token cannot be shared with additional personnel other than the primary user listed on your request form.
- You are responsible for all activity and usage associated with your log on. Log on 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 Provider 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.

#### *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 providers throughout the region. UAB Physician Services will continue to follow the protocol and procedures outlined above, and will modify as necessary to remain in accordance with privacy and safety measures. Questions or concerns should be directed to: UAB Physician Services, 15 20th Street South, DAN Bldg 6th Floor, Birmingham, AL 35233, 205-934-6890.*

# UAB Ambassador Program

Please circle one:      Physician      Nurse Practitioner      Physician Assistant

Provider can chose ONE of the following: RSA key fob token or Smart Phone app (choose device: Android or iPhone)

Smart phone app is PROVIDER USE ONLY since it is issued to the provider's personal device. Cell# \_\_\_\_\_

## Please fill out the entire form completely and legibly

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Provider NPI# \_\_\_\_\_ Practice Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone & Ext \_\_\_\_\_ Office Fax \_\_\_\_\_ County \_\_\_\_\_

Specialty \_\_\_\_\_ Provider Email \_\_\_\_\_

## Consent to Link Providers

HIPAA allows practitioners within the same office to 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.

\_\_\_\_\_ I authorize my patient list to be linked – complete Consent to Link form (separate form)

\_\_\_\_\_ I do not wish to link my patient list

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. **(We cannot accept signature stamps.)**

Handwritten Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgment: I acknowledge that I have received my Ambassador Token, Liaison Training, and UAB Ambassador User Guide. Received Signature \_\_\_\_\_ Delivery Date \_\_\_\_\_

Please allow up to 10 business days for this token request form to be processed.

**For questions, call Physician Services, 205-934-6890. (Fax: 205-731-6406, Email: [AmbassadorRequest@uabmc.edu](mailto:AmbassadorRequest@uabmc.edu))**

For office use only: RPM \_\_\_\_\_ Messenger \_\_\_\_\_

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# UAB Ambassador Program: Consent to Link Form

**Under HIPAA regulations, in order to connect a practice within Ambassador, UAB Physician Services must have the consent of each provider wishing to participate.** UAB Physician Services will only connect those providers who agree to share their patient lists. Should a practice's provider 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 provider can be removed from a practice group at any time, and Physician Services should be notified if a provider leaves or relocates to another practice.

Please fax the completed form to Physician Services at 205-731-6406. For additional information or questions regarding this feature, please call our office at 205-934-6890. Thank you for choosing UAB Medicine.

**PLEASE PRINT LEGIBLY. NO SIGNATURE STAMPS.**

Practice Name \_\_\_\_\_ Practice Address \_\_\_\_\_

Practice NPI# \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

Handwritten Signature \_\_\_\_\_

Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

Handwritten Signature \_\_\_\_\_

Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

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Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

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Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

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Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

Handwritten Signature \_\_\_\_\_

Provider Name \_\_\_\_\_ NPI# \_\_\_\_\_

Handwritten Signature \_\_\_\_\_

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