

PYXIS® SYSTEM ACCESS REQUEST FORM

To access the Pyxis® MedStation® system, please complete the User ID information below. You will use a User ID and BioID (a numerical representation of your fingerprint) to access patient medications on the nursing unit. Your User ID is made with your first initial of your first name, first initial of your middle name, and your last name up to 10 characters. It should be identical to your PC log-in code issued from Information Management Department to minimize the number of user ID's you are responsible for maintaining. The password 12345 is used upon initial access to the PYXIS system. The first time you access a MedStation® you will be asked to place one of your fingers on the BioID pad and have your fingerprint scanned. Please fill in the information below to gain a User ID for Pyxis® MedStation®.

By completing and signing this form, you are verifying that you have read and understand the following statement:

I understand that my User ID, in combination with my fingerprint scan, will be my electronic signature for all transactions within Pyxis® MedStation® Systems. I understand that no retrievable record of my fingerprint exists. All of my transactions on the MedStation® will be permanently recorded with my User ID and a time-stamp and date. These records will be maintained and archived as per hospital policy and will be available for inspection by the Drug Enforcement Agency (DEA), NCIS, and your State Board of Pharmacy, Nursing or Medicine. I will use proper patient identifiers for all transactions.

PRIVACY ACT STATEMENT

THE FOLLOWING STATEMENT IS REQUIRED BY THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-579). The information requested is authorized by Title 5, U.S. Code, Sections 301 and 552a. The purpose of gathering this information is to uniquely identify a user in the Pyxis System and to meet the requirements in the Manual of the Medical Department, Chapter 16, which requires the name, rank, corps, and SSN following each entry by a provider in the medical record. You are not required to provide this information; however, failure to do so may result in disapproval of user privileges on the Pyxis System. In accordance with Public Law 98-473 Chapter XXI, Paragraph 1030, ***I understand that I may not share my Access/Verify Codes.***

Signature of the Pyxis

User: _____

Printed Name of Pyxis User:

Main Work Center: _____ Rate/Rank: _____

LEVEL OF ACCESS: (CIRCLE ONE)

CREDENTIALLED PROVIDER (MD/CRNA)

NURSE

LVN

HOSPITAL CORPSMEN

Signature of

Department Head _____ ext/pager: _____ Date: _____

Pharmacy Use Only: Entered

by: _____ Date: _____

User ID assigned (Call/email user to inform): _____

PLEASE RETURN THE COMPLETED FORM TO THE PHARMACY DEPARTMENT WITH A COPY OF YOUR CERTIFICATE OF COMPLETION OF THE ON-LINE MEDSTATION TUTORIAL.