

# PYXIS MEDSTATION ID/Password Confidentiality Agreement

Name:  Date:

User/Employee ID

Facility:  PHDC  PMC  POM

User Initial Password (Date of Birth):

Position	Position	Check units you will be on
<input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Contract Dialysis Nurse <input type="checkbox"/> Licensed Vocational Nurse  <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant  <input type="checkbox"/> Radiology Technician <input type="checkbox"/> Respiratory Practitioner  <input type="checkbox"/> Registered Nurse  <input type="checkbox"/> Surgery Technician <input type="checkbox"/> Emergency Room Technician <input type="checkbox"/> Charge Nurse/Nurse Manager <input type="checkbox"/> Nursing House Supervisor	<input type="checkbox"/> Agency/Registry/Stat Nurse <input type="checkbox"/> Traveler: Contract Expiration Date <input style="width: 40px; height: 20px;" type="text" value="MMDDYY"/> <input type="checkbox"/> Instructor School: _____ Date Rotation Ends: <input style="width: 60px; height: 20px;" type="text" value="MMDDYY"/> <b>Check units you will be on</b> <input type="checkbox"/> PHDC ARU <input type="checkbox"/> PHDC Birth Center/Mother-Baby <input type="checkbox"/> PHDC MHU <input type="checkbox"/> PHDC expresscare Plus <input type="checkbox"/> PHDC Outpatient Surgery <input type="checkbox"/> POM Birth Center/Mother-Baby <input type="checkbox"/> POM ED <input type="checkbox"/> POM GPU <input type="checkbox"/> POM ICU <input type="checkbox"/> POM Med/Surg/Tele <input type="checkbox"/> POM Surgery	<input type="checkbox"/> PMC ED/Trauma <input type="checkbox"/> PMC 4 Southwest: SICU/TICU <input type="checkbox"/> PMC 4 East: Surgical Acute <input type="checkbox"/> PMC 4 Northwest: Surgical Progressive <input type="checkbox"/> PMC Surgery & Procedures <input type="checkbox"/> PMC 5 East: CV Progressive <input type="checkbox"/> PMC 5 West: CVICU <input type="checkbox"/> PMC 6 East: Pulmonary Progressive <input type="checkbox"/> PMC 6 Northwest: Pulmonary Prog. <input type="checkbox"/> PMC 6 Southwest: MICU <input type="checkbox"/> PMC 7 East: Ortho Acute <input type="checkbox"/> PMC 7 West: Neuro Progressive <input type="checkbox"/> PMC 8 East: Med/Onc Acute <input type="checkbox"/> PMC 8 West: Medical Acute

Read and sign the following statement as verification that you understand this statement and will maintain the integrity of your password.

Above is my User ID; my initial password will be my date of birth (MMDDYY). Upon accessing the Pyxis for the first time, I will change my password to a new confidential password (6-8 numbers/letters) and enroll 3 finger scans using Bio ID. I understand that my User ID/Bio ID will be my electronic signature for all transactions to the Pyxis system. No retrievable record of my new password exists. It is my responsibility to keep my initial password secret and utilize my Bio ID for personal access only. All of my transactions on the Pyxis system will be maintained and archived per the policies of this hospital and will be available for inspection by the Drug Enforcement Agency (DEA), the State Board of Pharmacy, Board of Registered Nursing, or other auditing agency.

I understand that to maintain the integrity of my electronic signature, I must not give my password to any other individual. Unauthorized access, release or dissemination of this information shall subject me to disciplinary action. Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and, if deemed appropriate, will immediately report such to the unit supervisor (Instructors also report to Academics@pph.org)

Signature:

Authorized By:  Title: \_\_\_\_\_

Manager / Supervisor/Educators Name:  Date:



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**NEW FORM**  
**PYXIS MEDSTATION ACCESS & CONFIDENTIALITY AGREEMENT**