## SECURITY ACCESS- BIO-ID/PASSWORD SYSTEM

#### Rush Oak Park Hospital Automated Medication Dispensing Machine (ADM)ID/Password/Bio ID Confidentiality Agreement – Nursing Student

The following is your User ID/Initial Password for the Automated Medication Dispensing Machine (ADM). It will be used to access patient medications or supplies on your assigned nursing unit(s). The first time you access an ADM, you will be required to enter a new, confidential password. It is your responsibility to keep your new password secret. You will be accountable for all transactions performed under this User ID and confidential Password. Please read and sign the following statement to verify that you understand this statement; and will maintain the integrity of your password once it has been changed.

 Below is a copy of my User ID and my initial password to the ADM. Upon accessing the ADM for the first time, I will change my password to a new confidential password. I understand that Rush Oak Park Hospital may also utilize a biometric finger scan system (Bio ID) in place of my password. I understand that my User ID will be my electronic signature for all transactions to the ADM . I understand that no retrievable record of my new password exists. All of my transactions on the ADM will be permanently recorded with my User ID and a date and time stamp. These records will be maintained and archived per the policies of this hospital; and will be available for inspection by the Drug Enforcement Agency (DEA) and the State Board of Pharmacy, State Board of Health or other auditing agency, as is presently done with my handwritten signature for all controlled substance records.

 I also 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 my supervisor.

 I agree to only remove medication under the direct supervision of a licensed registered nurse.

**User Information:**

Signature: Date:

Print Name: Dept/Unit:

#  EPIC User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Authorized By:

*Nursing Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

RN Supervisor: Date: \_\_\_\_\_\_\_

Print Name:

Assigned Dept/Unit □ New □ Change

Access (beginning date): \_\_\_\_\_\_\_\_ Access (ending date):\_\_\_\_\_

**Please select User Type:**

□ Nursing Student

### Please enter above information and return to Pharmacy

# Pharmacy Authorization:

Signature: Date Entered into ADM: \_\_\_\_\_\_\_

Assigned Template: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_