



**PYXIS MEDSTATION CONFIDENTIALITY STATEMENT FORM**

NAME:(PLEASE PRINT) \_\_\_\_\_

Agency/Traveller Nurse [ ] Last Day: \_\_\_\_\_ ( or 6 months max)

DESTINY USER I.D. \_\_\_\_\_

INITIAL PASSWORD: N E W

STATION PRIVILEGES: Staff \_\_\_ Charge \_\_\_ NM/N.SUPERV. \_\_\_ Other \_\_\_\_\_

PLEASE CHECK ONE: RN \_\_\_ LPN \_\_\_ RPH \_\_\_ CRNA \_\_\_ MD \_\_\_ RT/RCP \_\_\_ LRT \_\_\_ RXTECH \_\_\_ OTHER \_\_\_

UNIT/LOCATION: \_\_\_\_\_

I have verified that the information completed above is correct. I understand that I have been issued a password that will expire and that it is my responsibility to process Bio-id when I first access a Pyxis MedStation. I am aware that the combination of my Destiny User I.D. code & Bio-id will be my electronic signature for all transactions to the MedStation System and that I am accountable for these transactions. I understand that no retrievable record of my Bio-id exists. All of my transactions on the MedStation System will be permanently recorded with my user I.D. and a time stamp and date. These records will be maintained and archived as per hospital policy, and be available for inspection by the Drug Enforcement Agency (DEA) and the Board of Pharmacy.

I also understand that to maintain the integrity of my electronic signature, I must *not use* this password/Bio-id for any other individual.

I also understand that if I am enrolled in an impaired substance program that any and all information must be made known to my supervisor.

\_\_\_\_\_  
Signature of Pyxis User

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_  
(Required) Nurse Manager/Supervisor/Director \*

\_\_\_\_\_  
Date