CHRISTUS Health

Pyxis ES MedStation™ Confidentiality agreement

Note: A separate agreement *must* be completed for each facility the user needs access to.

Associate's Name: _____

Active Directory ID: _____ Facility: _____

Practice Area/Nursing Unit(s): _____

Role:

- ☐ Nurse
- ☐ Nurse – No Controlled
- ☐ Nurse – Off Campus
- ☐ Nurse Manager
- ☐ House Supervisor
- ☐ Anesthesia
- ☐ Perfusionist
- ☐ Physical Therapy
- ☐ Radiology Tech.
- ☐ Respiratory Tech.
- ☐ Pharmacist
- ☐ Pharmacy Tech.
- ☐ Other: _____

Password Verification Statement

Please read below and sign at the bottom to verify that you have read, understand and agree to the following statements:

The Pyxis ES MedStation™ System User ID and password is the same as my Active Directory User ID and password. Upon accessing the Pyxis ES MedStation™ for the first time, I will enroll my finger scan for Bio ID. I understand my User ID and password or Bio ID will be my electronic signature for all transactions in the Pyxis System. I understand that no retrievable record of my password or Bio ID exists. All of my transactions on the Pyxis ES MedStation™ System will be permanently recorded with my User ID as well as activity 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 Administration (DEA), the State Board of Pharmacy, State Board of Health or any other appropriate auditing agency.

I also understand that, to maintain the integrity of the electronic signature, I must not and will not give this password to any other individual. I shall also not allow other individuals to remove medication under my login or Bio ID. Unauthorized access, release or dissemination of this information shall subject me to disciplinary action. I will change my password when I feel the need to ensure the integrity of my electronic signature.

Signature: _____ Date: _____

Print Name: _____ Dept/Unit: _____

Authorized by Signature: _____ Date: _____

Print Name: _____ Title: _____

Pharmacy Authorized By:

Signature: _____ Date: _____

Print Name: _____ Entered into Pyxis: _____