

FACILITY:



Omnnicell Rx Security End User

Last Name

First Name

NI#

Unit

Position: ____ Nursing Instructor

Instructions: Please complete the top portion including: Last name, First name, E#, Unit and position. You're NI# is going to be identified as your primary access code for the Omnicell Rx system. You will also have a pre assigned P.I.N. The first time you access Omnicell Rx you must change your P.I.N. to something only you know.

Note: This P.I.N. is confidential. No one will be able to look it up for you.

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

I understand that my access code for Omnicell Rx system is my NI# and in combination with my P.I.N. and/or fingerprint will be my electronic signature for all transactions in the system. It will be used to track all of my transactions in the system and will be permanently attached to those transactions with a time stamp and date. These records will be maintained and archived as per the policies of Infirmiry Health system and/or the specific facility. Records will be available for inspection by the Drug Enforcement Administration (DEA) and the Department of Professional Regulation (DPR), as is presently done with my handwritten signature for controlled substance records.

I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.

Signature

Date

Requestor Signature (IH Clinical Coordinator)

Date

Submission instructions:

Save document and click the facility name below to submit via email.

MOBILE INFIRMARY or **LTACH** **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMARY**