UCLA Health

PYXIS MEDSTATION ID/PASSWORD ASSIGNMENT
(Downtime Form)

Attestation

I understand my AD account name will be used for access to the Pyxis ES system (if my job description allows). I understand that my AD account name in combination with either my password or my BioID (fingerprint) will be my electronic signature for all of my transactions on the Pyxis ES system for patient care record keeping purposes. A time and date stamp will be affixed to all of my transactions. The records of my transactions will be maintained and archived as per the policies of the UCLA Health and will be available for inspection by the UCLA Health as well as State and Federal regulatory agencies such as the Department of Public Health and the Drug Enforcement Administration (DEA).

I also understand that to maintain the integrity of my electronic signature, I must not and will not give my personal password to any other individual. Unauthorized access, release, or dissemination of this information may 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.

☐ WWH ☐ SMH

_____ _____ _____
Signature   Date   Time

_____ _____ _____
Print Name (First and Last)   Job Title (e.g., LVN, RN)   Department/Unit

Authorization

Authorized by: _____ _____ _____
                       Supervisor/Administrator   Date   Time

Access Level: _____

Attach completed form to bulk ServiceNow user request

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FOR PHARMACY USE ONLY

AD Account: _____

☐ Entered in Pyxis by: _____

Date: _____ Time: _____

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