

VA SAN DIEGO HEALTHCARE SYSTEM
OMNICELL ACCESS

BIO ID / PASSWORD CONFIDENTIALITY AGREEMENT AND ASSIGNMENT FORM

I, _____, understand that my User ID, Password (**4-12 characters**) and Biometric ID will be my electronic signature for all my Omnicell transactions while accessing patient medications in my assigned nursing unit(s). A time stamp and date will also be affixed to all my transactions. I will be required to enter a new and confidential password the first time I access Omnicell. I will be held accountable for all transactions performed utilizing my User ID, Password and Biometric ID. These records will be maintained and archived in the pharmacy as per the policies of the VA Healthcare System. These records will be available for inspection by the Drug Enforcement Administration (DEA) and other federal investigating organizations, as is currently the case with my handwritten records for controlled substances.

I also understand that to maintain the integrity of my electronic signature, **I must not and will not share this Password to any other individual.** Unauthorized access, release, or dissemination of this information may be subject 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.

Signature

Date

Position (RN, LVN, SNT Valor/Extern, RT, CSD, CNS, RX TECH, CS Inspector, MD, RPh, etc.)

Department / Unit

_____/_____
If student, start date/end date

Authorized by:

Supervisor or Designee

Signature

***Username will be first 5 letters of last name and first letter of first name; if last name has fewer than 5 letters, all letters will be used plus the first letter of first name (Ex: DoeJ for John Doe)