

Automated Dispensing System (ADS) User Privileges

Automated Dispensing System Password Verification Statement

New Users: Please read and sign below on the ADS User signature line to verify that you have read, understand, and agree to comply with the following statement:

I understand that in combination with my username, my fingerprint (password) is my electronic signature for all transactions in the system. My username is used to track all transactions on the system and is permanently attached to those transactions with a time-date stamp. These records are maintained and archived as per the policies of Baptist Memorial Health Care Corporation and Mississippi Baptist Medical Center and are available for inspection by the Drug Enforcement Agency and other regulatory agencies. I also understand that to maintain the integrity of my electronic signature, I will not give this password to any other individual. I will change my password every 90 days or as needed to ensure the integrity of my electronic signature.

Complete the below information to the best of your knowledge. This information is mandatory for access approval by authorized management to use the automated medication dispensing systems within the hospital.

Baptist Employee: enter your 6-digit OneSource number assigned

Other Employee: create USER ID-combine the first 3 letters of Lastname[uppercase]with last 4 numbers of SSN

ADS USER ID#

Last Name	First Name {no nicknames}	MI

Position Filling:

enter LETTER from this list

- A. Nurse – Staff (RN/CRN/ACN/BSN/MSN)
- B. Nurse – Instructor
- C. Nurse – Student Extern
- D. Nurse – Manager (Director, Manager, Supervisor)
- E. Nurse – Practitioner – ED ONLY
- F. Anesthesia – Provider
- G. Anesthesia – CRNA Student (inactive date _____)
- H. Anesthesia – Tech
- I. Respiratory Therapist
- J. Radiology Tech

Work Group Assigned:

enter LETTER from this list

- A. Emergency Department
- B. Critical Care Units (ICUs/Stepdown)
- C. Medical-Surgical Units
- D. Women & Baby Units
- E. Surgical Departments (all surgery/recovery areas)
- F. Radiology Department
- G. Procedural Departments (e.g. CATH, OPC; & Infusion Center)
- H. Dialysis Department
- I. Respiratory Department (access to all ADS respiratory quadrant)
- J. Anesthesia (access to all ADS & AWS in areas anesthesia is provided)
- K. Float Pool

(Select this option ONLY if you will be assigned to staff in all Units/Departments/Surgery/Procedural throughout the hospital)

ADS User Signature: _____ Date: _____

ADS Access Authorized by: _____ Phone: _____

SEND COMPLETED FORM TO MBMC EMAIL:

JA-PharmacyOmniceSupport@BMHCC.org