

# AUTOMATED DISPENSING SYSTEM PASSWORD ACCEPTANCE AGREEMENT

I agree to the following conditions upon receiving my Automated Dispensing System User Sign On:

- Under no circumstances will I give my password to any individual.*
- I will not place my password in an unsecured location.
- I will sign off the Automated Dispensing Cabinets at the completion of the transaction.
- I will not use an Automated Dispensing Cabinet when it has been signed-on by another user.
- Once I gain access to the Automated Dispensing Cabinet, I will perform my duties responsibly and comply with hospital policies and procedures governing the use of the system.
- All information gained by my password will be treated as confidential.
- I understand that I will be held responsible for all Automated Dispensing Cabinet transactions that occur under my password.
- Inappropriate Automated Dispensing Cabinet password access may result in disciplinary action up to termination of my employment.
- I will document all discrepancies created under my password before the end of my shift.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Last Name   First Name   Middle Initial   User ID/   Position (RN, LPN, etc.)   Unit(s)

