



**ST. LUKE'S**

**Pharmacy Department**

**ID and MedSelect Password Assignment Form**

I am requesting an ID for the MedSelect Medstation Rx system. I understand that, in combination with my password, which I will later select, and my registered Biometric ID (ie. BioID/finger scan) or my ID badge barcode, this will be my electronic signature for all of my transactions in the MedSelect System for both controlled substance and patient care record keeping purposes. A time stamp and date will be affixed to my transactions. I also understand that removal of medications from MedSelect under a patient name may result in a charge to this patient and I will ensure that all medications removed are pursuant to a physician order or protocol to ensure accurate documentation and billing. These records will be maintained and archived as per the policies of McLaren St. Luke's Pharmacy and will be available for inspection by the Drug Enforcement Administration (DEA), State Board of Pharmacy, and the Board of Nursing.

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 or allow any other individual to access MedSelect, while I am the user logged into MedSelect. 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 unit manager.

**To be completed by all employees:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Position/License (RN, RT, etc.): \_\_\_\_\_ Unit/Area: \_\_\_\_\_  
If Temporary, Termination Date: \_\_\_\_\_ Narcotic Access Req'd: Yes or No

**MEDSELECT USER ID:** \_\_\_\_\_ **PASSWORD: 9999**  
( = Hospital ID)

**To be completed by Clinical Instructors/Agency RN only:**

Agency: \_\_\_\_\_ Dates of Agency Contract Period: \_\_\_\_\_  
Contact information for notification of User ID and Password: \_\_\_\_\_

**MEDSELECT USER ID:** \_\_\_\_\_ **PASSWORD: 9999**  
( = Hospital ID)

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Staff Development, Nursing Director of PCS)

Entered into MedSelect By: \_\_\_\_\_ Date: \_\_\_\_\_