

**SOUTHERN ILLINOIS HEALTHCARE BIOMETRIC
INFORMATION INFORMED CONSENT FORM**

Per the Illinois Biometric Information Privacy Act, **Please be advised** that you are submitting this form to provide consent in order to use the Pyxis Medication System.

Definition of Biometric Information- 740 ILCS 14/10 defines “Biometric Information” as a “retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry.” This means “any information, regardless of how it is captured, converted, stored, or shared, based on an individual’s biometric identifier used to identify the individual.”

What is being stored- Please note that your **fingerprint** is not being stored by Southern Illinois Healthcare. When supplying this fingerprint, the specific system in use will store “landmarks” of your fingerprint which are then put into a mathematical template to confirm your identity. The “landmarks” can never be returned to a full image of your fingerprint. No one, besides authorized Southern Illinois Healthcare staff, will be able to access any of the information.

Where is it being stored- All information is being stored on Southern Illinois Healthcare’s premises. The information will be placed on to a secure server and encrypted. This form must be submitted every three (3) years; otherwise, the information will be deleted from the system.

How the information is used- Please note that your biometric information will be used solely for access to the systems in which fingerprint identity is available. No party will be able to sell, lease, trade, or otherwise profit from your biometric information. Further, the biometric information will not be disclosed or otherwise disseminated unless required by law.

Authorized Release- By signing this document, you are acknowledging and authorizing Southern Illinois Healthcare to obtain and store your biometric information for the use of your fingerprint at all applicable systems in the organization for three years. After three years a new form will be required.

SIH’s policy governing Biometric Screening Policy is located at <https://www.sih.net/compliance>.

Please Fill out All Information below in completely and legibly

User’s Full Name (Print) : _____

User’s Birth Date : _____

EPIC User ID (when applicable) : _____

User Signature

Date
