

To be given access to the Screening Information System (SIS), you must read the Oath of Confidentiality below, print it, and sign and date it. Then FAX the Oath of Confidentiality to either Sara Goldman or Nerissa Wu at (510) 412-1551.

NT Practitioner - SIS Oath of Confidentiality

I have been informed and understand that I will be handling documents and data provided by the Department of Public Health under assurance of confidentiality to the clients to whom the documents and data pertain, and to their health care providers as expressed in the privacy policies published by the Genetic Disease Screening Program.

I agree that I shall not discuss, share or otherwise communicate to any unauthorized person any confidential information, including the individual case records or reports, without the prior specific written permission of the Chief of the Genetic Disease Screening Program and shall be bound by the privacy policies of the Genetic Disease Screening Program, and applicable state and federal law.

I will keep all confidential material in my possession in a secure manner. I will not discard any confidential material, but will dispose of it by shredding. If NT data is entered directly into SIS and the chromosome risk assessment is Screen Positive, I am required to disclose the results to the patient and offer her the follow-up options as provided by the California Prenatal Screening Program.

Access to copies of the following privacy policies are available at: <http://sis.dhs.ca.gov/>.

California Government Code Section 6250, et. Seq.
(California Public Records Act)

California Civil Code, Division 3, Part 4, Title 1.8, Sections 1798-1798.65
(Information Practices Act of 1977)

California Health and Safety Code Division 104, Part 5, Chapter 1
(Hereditary Disorder Act)

Genetic Disease Screening Program's Privacy Policy

User (Print) _____ Signed _____
NT Practitioner Credential ID # _____ Date _____

Witness (Print) _____ Signed _____
Date _____

GDSP USE: User ID _____