State of California—Health and Human Services Agency

California Department of Public Health

KAREN L. SMITH, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

CONFIDENTIAL OATH FOR NEW SIS USERS

To be given access to SIS (Screening Information System), you must read the Oath of Confidentiality below, and sign it. Then FAX the Oath of Confidentiality to the appropriate Genetic Disease Screening Program Staff responsible for enrolling you.

SIS Oath of Confidentiality

I have been informed and understand that I will be handling documents and data provided by the California Department of Public Health under assurance of confidentiality to the clients to which 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.

I have been given access to:

Genetic Disease Screening Program Privacy Policy

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

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

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

PRINT NAME _____

SIGNATURE _____ **DATE** _____

AGENCY WHERE EMPLOYED _____