

## APPENDIX B – CONFIDENTIALITY OATH

All Department of Health, Division of Disease Prevention and Control, personnel, including career service, exempt, contractors, and interns who have access to confidential medical or epidemiological information must be knowledgeable of SD Codified Laws 34-22-12, 34-22-12.1, 34-22-12.2, 22-18-31, and SD Department of Health Administrative Policies and Procedures, Statement No. GA-07.1, GA-12, GA-22, GA-23, GA-32, and Data Security and Confidentiality Guidelines.

I acknowledge the following:

1. I have read and received a copy of SDCL 34-22-12.1, SDCL 34-22-12.2, and SD Department of Health, Administrative Policies and Procedures, Statement GA-07.1, GA-12, GA-22, GA-23, and GA-32.
2. Release of any data or information with identifiers (confidential information) will be in accordance with SDCL 34-22-12.1.
3. Any confidential information to be disposed of will be shredded.
4. All confidential information, on paper or other storage media, will be kept in a locked file cabinet when not being used.
5. All confidential information that I am working with will be locked up when I leave my workstation unattended or receive unauthorized visitors at my workstation.
6. I will conduct telephone conversations requiring the discussion of identifiers in my work area or other confidential area only.
7. When working with confidential information on a computer, I will log off when I am finished to prevent unauthorized access to that information.
8. I will not disclose my computer passwords or lend my file or office keys to unauthorized persons.
9. The confidential information generated and used while employed by the State of South Dakota is the property of the State of South Dakota and may not be reproduced or shared without approval of the ORP.
10. I will only discuss identifying information as necessary for my job responsibilities and will ensure that such conversations do not take place in public spaces, including hallways, elevators, restrooms, lunchrooms, or other common areas.
11. Violation of this Confidentiality Oath may result in termination of my employment and/or legal penalties. Legal penalties may apply even after termination of my employment.
12. Authorized personnel who work with identifiable surveillance information will be provided with a copy of the Data Security and Confidentiality Guidelines. I have read and understood the contents of this document and have had the opportunity to ask questions or seek clarification about how it relates to my authorized use of data and information in my role.
13. I will report activities by any individual or entity that I suspect may compromise the confidentiality, integrity, or availability of confidential information.

/ \_\_\_\_\_ / \_\_\_\_\_  
Employee, Independent Contractor, or Intern Signature      Print Name      Date

*I hereby certify that the above person received copies of the pertinent statutes and policy described above.*

\_\_\_\_\_  
State Epidemiologist  
Overall Responsible Party (ORP)

\_\_\_\_\_  
Date  
(Revised October 2025)