



Attachment A - DIS Use of Technology for Partner Services and Contact Tracing

Acknowledgement for Disease Intervention Specialist (DIS) use of technology for partner services and contact tracing. As a Disease Intervention Specialist (DIS), I will ensure all applicable confidentiality laws, policies, procedures and guidance are enforced for partner services, disease intervention and contact tracing activities. Technology usage will focus on reducing contagion exposure(s) and/or promoting improved timely and greater effectiveness of partner services activities, including contact tracing.

As a DIS, I understand and will agree to adhere/comply with each condition relating to the use of technology while performing partner services and contact tracing.

- a. I will NOT use personal devices or technology to communicate with clients at any time.
- b. I will NOT use public WIFI
- c. I will not access agency or approved technology for personal use.
- d. I will NOT discuss clients or client data with unauthorized persons.
- e. I will NOT save or record videos of clients without client’s permission
- f. I will immediately notify my supervisor of concerns for or actual breach of technology by unauthorized person(s).
- g. I will perform work in a private setting where I will not be overheard by persons who have no permissible need to access programmatic information.
- h. I will log out of and lock access to my technology devices when not in use, even for a short period of time.
- i. I understand all usages of communication must conform to existing policies and procedures the use of technology, partner services and contact tracing.
- j. I understand that confidentiality will be respect and maintain beyond employment in the program/at DHEC.
- k. I understand I will be subject to disciplinary action should I engage in any activities outside of my job requirements and/or in violation of this agreement and any DHEC’s policies.

My signature below confirms that I have read, understand, and agree to comply with the stated elements.

Employee Name

Date

Supervisor Signature

Date

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Purpose: This form is to be completed by Disease Intervention Specialist to acknowledge awareness and intends to comply with applicable laws, policies, procedures, etc as it relates to the usage of technology during the performance of partner services, disease intervention and contact tracing via video teleconferencing.

Agreement A- K: DIS will read the acknowledgement and agree to comply with items A-K. DIS agree by signing their name on the acknowledgment form shows that they fully understand items A-K prior to the use of video telephony for Partner Services and Contact Tracing.

DIS Signature: DIS will confirm that they have read the agreement and have a clear understanding of their expectations when performing duties of partner services and contact tracing via video teleconferencing, and agree to comply by signing their name on the DIS Use of Technology for Partner Services and Contact Tracing form.

Supervisor Signature: Supervisor will sign their name on the DIS Use of Technology for partner services disease intervention, and contact tracing form acknowledging that DIS has read and understand agreement A-K and have agreed to comply.

Office Mechanics, Filing and Retention:

- File copy in a secure electronic system, if scanning is available; if not maintain
- Comply with the record retention schedule applicable to the documents for which this request is attached.
- Maintain as retention schedule states, destroy.

14100

SEXUALLY TRANSMITTED DISEASE MANAGEMENT INFORMATION SYSTEM (STD*MIS) Description Used to manage data received from laboratories, healthcare providers, clinics, and disease intervention specialists with special emphasis on surveillance of syphilis and congenital syphilis. Data collected include information from standardized medical reporting forms, comprising congenital syphilis case investigations/reports, disease reporting cards, HIV/ STD surveillance form~ and notifications, field records, and South Carolina supplementary data. Retention Until superseded or 10 years after expiration of project funding, destroy.