

MEDS OATH OF CONFIDENTIALITY

Required for access to the Medi-Cal Eligibility Data System (MEDS) and/or MEDS related documentation required for the administration of the Medi-Cal program.

As a condition for obtaining access to information concerning procedures, or other data and records utilized/maintained by the Department of Health Care Services (DHCS),

I (print full name) Dillon Welsh, agree

- Not to disclose data obtained in the course of my assigned duties accessing MEDS to unauthorized persons during or post-employment.
- Not to publish or otherwise make public any information regarding persons receiving Medi-Cal services such that persons who receive or have received services are identifiable.
- Not to publish or otherwise make public documentation or information related to the MEDS system, including DHCS' MEDS Home Web Site content.
- To notify Incidents@dhcs.ca.gov of any possible security violations including attempted or successful unauthorized access to, or use, disclosure, modification, or destruction of, Medi-Cal PII, inclusive of interference with MEDS operations.
- That DHCS will review and may revise Oath language annually on July 1, and if revised, an updated Oath must be signed and submitted to my organization.
- Access to such data shall be limited to county, state and federal personnel needing MEDS data in the performance of their duties and to others as DHCS authorizes. Access must not be used for any purpose other than official duties.
- That unauthorized release of confidential data may subject me to civil and criminal sanctions pursuant to Welfare and Institutions Code Section 14100.2.

Signature: Dillon Welsh Date: 06/14/2024

County, State, or Federal Organization Name: Los Angeles County DPSS

Signing this document is required prior to accessing MEDS information. Your organization will retain this Oath which shall remain active in force until your access is terminated and as long as you have possession of any data in any manner.