

Confidentiality Agreement for Handling of WV WIC Participant Information

Trust and confidence are needed for a successful breastfeeding support program. This trust must be on all levels including between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and participants.

Participants share personal information in order to be served as WV WIC participants. This includes medical, financial, and personal information. Participants have the right to know that the information they provide will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect participant privacy by not discussing participant information outside the clinic setting. Inside the clinic, care should be used when discussing participants information, to ensure that others, not involved in the participant-support relationship, are not privy to personal information.

Discussing confidential information with anyone outside the WV WIC clinic is strictly prohibited except when necessary to provide services to a participant. This includes ensuring that participant records and materials in your possession are not able to be viewed by anyone other than authorized WV WIC program employees, either by access to files, or by observation due to careless record management.

AGREEMENT

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all participant information and records. I understand that it is my job to share participant information *only* with staff involved in the case, and understand that I am prohibited by law from disclosing any such confidential information to any individuals other than authorized WIC Program employees and agencies with which the participant has given written permission to share information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

Name *(please print)*

Signature

Date

Witness

Date

I have read and signed West Virginia Department of Health and Human Resources Employee Confidentiality Statement. Please Initial: _____