

**Washington WIC Program
Confidentiality Agreement for Clinic Staff**

As an employee, volunteer, or student, of _____
I understand and agree to follow the policy and procedure of confidentiality. These are in this organization's personnel policy and the Washington WIC Policy and Procedure manual.

During and after my time with this agency, I agree to:

1. Keep any information about WIC applicants and participants who call, visit, or have records in this clinic strictly confidential.
2. Treat all participant information gathered, maintained, or transmitted electronically as well as paper copies with care and respect to ensure confidentiality is protected.
3. Not discuss participant information inside or outside this office unless the participant has specifically authorized the transfer of information, the law requires release of information, or I am working with another WIC staff member to provide participant care.
4. If there's a release of information, provide the requester only the information the requester seeks.
5. Conduct myself in a manner that protects participant confidentiality.
 - A. During discussions about the participant's use of WIC services, specifically:
 - 1) Handle all information given by participants regarding their personal and medical status in a quiet, private manner;
 - 2) Conduct all personal, confidential interviews, whenever possible, in private rooms with doors closed;
 - B. Secure all hard copy or electronic data, and equipment and devices on which those data are stored.
6. Not save any personnel or personal information on internal drive of state-owned electronic equipment.
7. Return all equipment, resources, and participant records (soft or hard copy) before resigning or when employment is terminated.
8. Optional – Add agency specific consequences if desired:

Agreement and Signature: I agree that the policy concerning confidentiality has been explained to me. I know how to access the policy and if I have questions, I can ask my supervisor.	
_____ Employee name (print full name)	_____ Title
_____ Employee signature	_____ Date
_____ Coordinator/Agency Representative signature	_____ Date

This institution is an equal opportunity provider.
Washington WIC doesn't discriminate.

