



# WIC Confidentiality Agreement

This form must be completed by all WIC staff or individuals coding time to WIC that have contact with applicants and participants and their personal information. This form should be reviewed by staff as needed.

## Handling of WIC Applicant or Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels between supervisors, staff, volunteers, and clients.

Clients share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, WIC clients have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss clients' information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a WIC client. This includes ensuring that clients' records and materials in your possession are not able to be viewed by anyone other than authorized 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, completed confidentiality training, and understand the confidential nature of all WIC applicant and 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 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.

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WIC Staff Name (*please print*)

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WIC Staff Signature

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Date

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WIC Supervisor

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Date