

Breastfeeding Peer Support Confidentiality Agreement

Handling of WIC Participant Information

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

WIC participants share personal information in order to receive services. This includes medical, financial, and personal information. At the same time, participants 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 disclose participant information.

In order to protect my clients' confidentiality, I will adhere to the following policies and procedures:

I will collect, access, maintain, use and disseminate information only if it is necessary and needed to perform my duties as a peer counselor.

I understand that the very identity of the client and the fact that they are a WIC participant is confidential information.

I will not discuss confidential information (including the client's name or identifying details) with anyone other than WIC staff; except when it may be needed to provide services to a client and I have any required permission / release to share the information.

When off-site, I will keep all client records secure in a locking file box, where they cannot be viewed by anyone other than authorized WIC program employees. I will transport the box in the locked trunk of the car.

I will take care at all times not to discuss private and confidential information in person or over the phone in any public area either at work or at home, or whenever I'm out in public.

Participants should be aware that messages left on home answering machines are not private. I will make every attempt to listen to messages from clients in privacy.

AGREEMENT

I have carefully read the above Confidentiality Agreement and reviewed the checklist with the WIC peer coordinator or WIC supervisor signing below. I understand the confidential nature of all client 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

Signature Peer Coordinator or Supervisor

Date