



STATEMENT OF CONFIDENTIALITY

I, _____, understand and agree to follow the WIC policies and procedures of confidentiality during and following my employment with WIC.

I agree to the following:

1. To conduct myself in a manner which maintains client confidentiality during discussions that concern client's WIC services, specifically:
 - a) All information given by clients regarding their personal or medical status will be handled in a private approach.
 - b) All personal and confidential interviews will be conducted in a method that assures confidentiality.
 - c) Confidential information about clients will not be discussed outside of the WIC work settings
 - d) Client confidential information will not be discussed with other WIC personnel except for the purposes outline in the WIC policies and procedures.

2. I further understand that violations of this confidentiality policy may result in disciplinary actions up to and including immediate dismissal.

I acknowledge that I have read and understand the WIC policies and procedures concerning confidentiality.

Employee signature

Date

Supervisor signature

Date