

# ITCA WIC Program Employee Confidentiality and Compliance Agreement Signature Form

## Confidentiality

Trust and confidence are needed for a successful program. Clients share personal information in order to be served. Clients 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 their privacy. Discussing confidential information with anyone outside of WIC is prohibited except as allowed by policy. Client records and materials or reports in your possession may not be viewed by anyone other than authorized WIC employees.

## Agreement

I have read the above information and understand that verbal, written or computerized information regarding applicants, clients or staff received during my employment with the WIC Program will be kept confidential and not disclosed to unauthorized persons or discussed outside of the WIC work setting. I understand that all personal and confidential interviews will be conducted in a method that assures confidentiality. Records and reports containing confidential client information with which I am working will be kept locked or under my supervision at all times. I understand that I am prohibited by law from disclosing confidential information to any individuals other than authorized WIC employees or as allowed by the ITCA WIC Policies and Procedures, and that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty. I understand that my direct employer may have internal confidentiality requirements and if so, they are in addition to those outlined in ITCA WIC Policy.

Initial Here

## Employee Fraud and Abuse

Employee fraud or abuse is an intentional and deliberate action that violates program regulations, policies or procedures. Actions include, but are not limited to:

- Enrolling myself, family or friends in the WIC Program
- Misappropriating or altering food benefits including, but not limited to:
  - Intentionally assigning/issuing inappropriate food packages
  - Intentionally inappropriately re-issuing food benefits
  - Intentionally inappropriately removing benefit proration rules
- Entering false/misleading information in client records
- Creating records of fictitious clients or employees
- Failing to report conflicts of interest
- Misuse or theft of materials, supplies or equipment purchased with ITCA WIC Program funds or belonging to other individuals
- Use of WIC Program funds to purchase goods or services for personal use
- Unprofessional or unfair treatment toward WIC clients, other staff or vendors
- Discrimination toward WIC clients, other staff or vendors
- Disclosing confidential information regarding clients to any non-WIC official or the public at-large.

I understand that I may be suspended, terminated and/or prosecuted under the law if I participate in any of the above mentioned actions. I also understand that I may have to reimburse the ITCA WIC Program for any dollar amount lost as a result of fraud and/or abuse.

Initial Here

I have been advised of the above and understand the information I have been given as indicated by my initials and signature on this form.

\_\_\_\_\_  
Employee name (print full name)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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