

# **WIC Breastfeeding Peer Counselor STATEMENT OF CONFIDENTIALITY**

## **I. CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, agree that I must maintain and safeguard confidentiality of data and information acquired and/or generated by Inter Tribal Council of Arizona, Inc. WIC Program. I also understand that in the course of my service to WIC, I may be privy to WIC participant certification, business-sensitive, administrative, management, personnel, finance, marketing, and strategic information that must be safeguarded.

I understand that violation of confidentiality of data and information and/or unauthorized release, dissemination, disclosure, or any other use of business sensitive or otherwise protected information may result in immediate dismissal, may violate federal and/or state statutes and regulations, and may lead to criminal and/or civil legal action.

## **II. DATA CONFIDENTIALITY AND SECURITY**

I understand that I may use ITCA WIC's computer systems for the purposes for which I have been consulted with prior notification and scheduling with ITCA WIC. I may not install any software on any of ITCA WIC's computer systems without prior written authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date