Illinois WIC Employee

Confidentiality & Compliance Agreement

Employee Name_____**Local Agency**_____

Confidentiality

I understand that verbal, written and/or computerized information regarding applicants, participants or staff received during employment with the WIC Program will be kept confidential and not disclosed to unauthorized persons.

- Records and reports containing confidential participant information will be kept secure at all times.
- When providing participant information to other health and service programs, information will be sent securely or without Personal WIC Information or Protected Health Information (PHI).
- Participants will be given the choice of preferred method of communication, consent obtained and documented, and provided required education.
- Follow the IL WIC PM AD 5.2 and PPS Secure and Confidential Communication with WIC Participants.

Employee Compliance

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

- Misappropriating or altering food benefits including, but not limited to:
  - Intentionally assigning/issuing inappropriate food packages
- Intentionally inappropriately re-issuing or over issuing food benefits
- Entering false/misleading information in participant records
- Creating records of fictitious participants or employees
- Failing to report conflicts of interest
- Misuse or theft of materials, supplies or equipment purchased with Illinois 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 participants, other staff or vendors
- Discrimination toward participants, other staff or vendors
- Not following WIC MIS security responsibilities outlined in required training.
- Accessing WIC MIS outside the agency or normal business hours without supervisor and Program written approval.

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 Illinois WIC Program for any dollar amount lost as a result of fraud and/or abuse.

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's   **Signature**   **Date**

_____   _____
Supervisor's   **Signature**   **Date**

Working from a Remote Location ☐ N/A

At times, employees may perform limited functions from an off-site (remote) location. The following must be guaranteed to ensure programmatic integrity and participant confidentiality. If an employee works off-site, they must initial each item that applies:

1. Ensure correspondence is completed in a secure manner:
    a. ___ utilize technologies provided by the local agency that is encrypted or secure
        ___ Work issued equipment (phone, computer, etc.)
        ___ Work email is encrypted for sending secure internal messages (between agency staff only)

2. Ensure internet connection is secure, <u>not public access WIFI</u>, when accessing IWIC and other programs containing participant information and data:
    a. ___ utilize technologies provided by the local agency that is encrypted or secure
        ___ Equipment utilized is outfitted for secure internet connection (air card, MIFI jetpack)
        ___ Agency provides VPN access
        ___ Personal WiFi that is password protected may be used

3. Ensure communication and correspondence with staff and participants is confidential
    a. Establish a remote workspace that is private and free from outside individuals (guests, family members)
        ___ Conversations cannot be heard (separate room, door closed, voices kept low)
        ___ Computer screens and printed materials containing participant information cannot be seen (computer screen faces a wall, papers are kept in folders/files if not in immediate use)
        ___ Computer locked when away from workstation
        ___ Information will be returned to the WIC clinic and disposed of per policy (shred, incineration)

4. Ensure printed documents containing participant information are kept in a secure location at all times
    a. Documents needed for a remote visit will be obtained and verified before the scheduled appointment.
        ___ Materials or documents that need to be printed and mailed to the participant will be done from the local agency.
        ___ Information obtained during the visit be securely returned to the WIC clinic for filing or disposal as appropriate.

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's Signature	**Date**
Supervisor's Signature	**Date**

R- 08.23 Illinois WIC Employee Confidentiality and Compliance Agreement