

**NEW HAMPSHIRE WIC PROGRAM
CONFIDENTIALITY AGREEMENT**

- I will respect the confidentiality of all information to which I have access and will not divulge confidential information without appropriate consent nor seek to obtain access to confidential information to which I am not entitled to.
- I understand that all WIC participant data (names, demographic, and health/nutrition information) and all clinic observations must be treated as confidential at all times.
- I understand that there are limitations on what vendor information may be released, and only vendor name, address, telephone number, website, email address, store type and authorization status, may be shared.
- I understand that access to StarLINC is provided for the sole purpose of facilitating my job duties/role. I understand that the confidentiality of WIC information and/or electronic transmittal of this information are protected from unauthorized disclosure under federal and state regulations.
- I understand that any work done under my access codes (user ID and password) is recorded as being done by me and I am responsible for these actions.
- I understand that my user ID and password may not be shared with any other WIC staff.
- I understand that any willful and knowing disclosure of confidential information to unauthorized persons including law officials, state and/or local agencies, or third parties is in violation of federal and state regulations.
- I agree to promptly report to the WIC State Director any threat to, violation of, this policy or any WIC security or confidentiality policies.
- If I suspect that a child is being abused or neglected, per NH Law, I agree to contact the DCYF Central Intake Unit at 1-800-894-5533.

By signing this agreement, I agree to comply with the New Hampshire WIC Program's standard policies and procedures for:

- Confidentiality, and
- Release of applicant/participant/vendor information.

Name (please print)

Signature and Title

Local Agency Name

Date