

**INDIANA WIC PROGRAM  
STAFF CONFIDENTIALITY STATEMENT**

**Handling of Public Health Client Information**

**Indiana State Health Programs**

Ethical and legal considerations require that the names of public health clients and all data collected from them be treated as confidential at all times. This may include medical, financial, and personal information. An assurance of confidentiality is given to all clients. You must uphold this assurance by not discussing client information with anyone other than authorized program employees. You must also safeguard all materials in your possession. Do not permit the review of information by anyone other than authorized program employees by access to files or by observation due to careless record management.

**AGREEMENT**

I have carefully read and understand the assurance given which pertains to the confidential nature of all records to be handled for Indiana Public Health Programs. I also understand that I am prohibited by law from disclosing any such confidential information under the terms of this contract to any individuals other than authorized program employees and agencies with which the participant has given written permission to share information.

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DATE

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NAME

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COORDINATOR/DESIGNEE