

**INDIANA WIC PROGRAM
PEER COUNSELOR LAPTOP COMPUTER AGREEMENT**

_____ I understand the laptop computer I have received is the property of ISDH/WIC.

_____ I agree that the laptop computer is to be used for Peer Counselor duties only and not personal activities. The laptop computer can be used at home, in the clinic or at a remote location for performing the following Peer Counselor duties:

- A. Documenting client contacts into INWIC system.
- B. Searching internet sites that are on the Breastfeeding Resource List or other sites approved by the Breastfeeding Coordinator.
- C. Communicating with WIC clients and staff via email.
- D. Educating or counseling WIC clients.
- E. Typing documents.
- F. Completing the Breastfeeding Peer Counselor Monthly Report.

_____ I understand that the internet history will be checked on a random basis.

_____ I agree to protect client information and will not allow individuals who are not WIC employees to access WIC client records.

_____ I agree to not allow anyone who is not a WIC employee to use the laptop computer.

_____ I understand that the WIC Program will not provide or reimburse me for internet service.

_____ I understand that additional software programs may not be downloaded onto the laptop computer.

_____ I understand that the laptop computer must be returned upon separation of my employment or at the request of the Breastfeeding Coordinator or local agency Coordinator. (The local agency may take additional steps in retrieving the laptop computer, such as withholding remaining pay.)

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I have received instruction on laptop computer usage and my responsibilities concerning laptop computer policies and procedures. I have read and signed the Confidentiality Statement, and **read and agree to** the Information **Resources Use** Agreement.

Peer Counselor:

Name: _____

Signature: _____

Date: _____

Computer Information:

Laptop
Serial No.: _____

Local Agency Breastfeeding Coordinator:

Name: _____

Signature: _____

Date: _____