

MI-WIC POLICY

Equipment Maintenance

10.0 Program Compliance

Effective Date: 7/28/09

10.04 Employee Conflict of Interest

Exhibit A

Michigan Department of Community Health MI-WIC User Security and Confidentiality Agreement

Name (Last, First, M.I.):		Contact Phone # (Include Area Code)	
Address and/or Location: (Building/Floor)	Fax:	E-Mail Address:	
By signing this agreement, I agree: <ul style="list-style-type: none">▪ To comply with the State of Michigan Computer Crime Law (Public Acts 1979-No. 53).▪ To use the MI-WIC computer system, as defined in Act 1979 No. 53, to perform my job functions to the exclusion of all other uses.▪ To not infringe upon the rights granted to the owner of a product with a Copyright or Patent.▪ To safeguard and refrain from disclosing any confidential information in accordance with Policy 1.03 Confidentiality.▪ To keep confidential the computer system access codes issued to me, and all associated passwords.▪ To report to the appropriate supervisor any threat to or violation of computer system security.			
I understand that everything done under my user access codes and passwords is recorded as being done by myself and that I am responsible for these actions. I will hold all information obtained in connection with access to these computer systems in the strictest confidence.			
I understand that, if I violate these or any other confidentiality or security requirements, my access to MI-WIC can be terminated and I may be subject to penalties imposed by law.			
I have read, understand and agree to comply with the above Security Agreement.			
_____		_____	
Employee Signature		Date	
System Role Assignment Use Only			
Admin Module Roles Assigned (check all that apply): <ul style="list-style-type: none"><input type="checkbox"/> Admin Read Only<input type="checkbox"/> Agency/Clinic Set-Up<input type="checkbox"/> Appointment Wait List Notification<input type="checkbox"/> BF Coordinator<input type="checkbox"/> Breast Pump Inventory Maintenance<input type="checkbox"/> CPA<input type="checkbox"/> Outreach/Referral Maintenance<input type="checkbox"/> Project Fresh Inventory Control<input type="checkbox"/> Scheduling Tasks<input type="checkbox"/> Staff Training<input type="checkbox"/> Time Study Reviewer		State Assigned Roles (Check all that apply): <ul style="list-style-type: none"><input type="checkbox"/> LA Role Assignment<input type="checkbox"/> LA WIC Coordinator<input type="checkbox"/> LA Wait List Group	
Clinic Module Roles Assigned (check all that apply): <ul style="list-style-type: none"><input type="checkbox"/> Appt. Wait List<input type="checkbox"/> Benefit Re-Issuance<input type="checkbox"/> Breastfeeding Educator<input type="checkbox"/> CPA<input type="checkbox"/> Centralized Scheduler<input type="checkbox"/> Class III RD<input type="checkbox"/> Clerk<input type="checkbox"/> Compliance Investigator<input type="checkbox"/> EBT Card Inventory Maintenance<input type="checkbox"/> Extensive Clinic Read Only		<ul style="list-style-type: none"><input type="checkbox"/> Limited Clinic Read Only<input type="checkbox"/> Public Health Professional<input type="checkbox"/> RD<input type="checkbox"/> Tech<input type="checkbox"/> Transfer Out of State State Assigned Roles: <ul style="list-style-type: none"><input type="checkbox"/> LA WIC Coordinator	
Supervisor Signature _____		Date _____	

