

**Michigan WIC Employee Confidentiality
And Compliance Agreement Signature Form**

Employee Name _____ **Agency** _____

Confidentiality

I understand that verbal, written and/or computerized information regarding applicants or staff received during the course of employment with the WIC Program will be kept confidential and not disclosed to unauthorized persons. Records and reports containing confidential client information with which I am working will be kept locked or under my supervision at all times. I understand that in some cases, the WIC program may provide client information to health and service programs from which the client may benefit.

All state and local program staff shall adhere to the confidentiality guidelines as outlined in MI-WIC Policy 1.03 Confidentiality.

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Conflict of Interest

I understand that as an employee of the WIC Program, I will not give preferential treatment to anyone, including my friends or family, other staff members or vendors. All family members and friends will be certified and issued benefits by a staff member other than myself. I will notify my immediate supervisor of any of the above conflicts of interest or report other employee fraud and abuse as soon as I am aware of it.

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Employee Fraud and Abuse

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

- ✓ Enrolling myself, family or friends in the WIC Program
- ✓ Misappropriating or altering food benefits including, but not limited to:
 - Intentionally assigning/issuing inappropriate food packages
 - Intentionally inappropriately re-issuing food benefits
 - Intentionally inappropriately removing the benefit proration rules
- ✓ Entering false/misleading information in client records
- ✓ Creating records of fictitious clients or employees
- ✓ Failing to report conflicts of interest
- ✓ Misuse or theft of materials, supplies or equipment purchased with Michigan 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 WIC clients, other staff or vendors
- ✓ Discrimination toward WIC clients, other staff or vendors
- ✓ Disclosing confidential information regarding clients to any non-WIC official or the public at-large.

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

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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

Job Title

Date

Supervisor's Signature

Date