

**Maine Center for Disease Control and Prevention  
WIC Nutrition Program**

Revised: October 1, 2024

Policy No BFPC-2-B  
Confidentiality Statement

**Breast/chestfeeding Peer Counselor Confidentiality Statement**

Trust and confidence are needed for a successful program. This trust must be on all levels...between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and participants.

Participants share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, participants have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss participants information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a participants. This includes ensuring that participants records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

**AGREEMENT**

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all participants information and records. I understand that it is my job to share participants information only with staff involved in the case, and understand that I am prohibited by law from disclosing any such confidential information to any individuals other than authorized Maine CDC WIC Nutrition Program employees and agencies with which the participant has given written permission to share information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

\_\_\_\_\_  
**Name** (please print)

\_\_\_\_\_  
**Local Agency**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**