

## EMPLOYEE SECURITY AFFIDAVIT- GEORGIA WIC PHFE-WIC Peer Counselor Database

**I will comply with the security requirements as stated:**

1. I understand that each time I enter my logon ID and password; I am responsible for all information entered (i.e., documentation of the participant information, hospital information, breastfeeding information) on my terminal for the entire period I am logged on;
2. I will exercise all security requirements to preserve data integrity and confidentiality; especially when I am logged onto the Peer Counselor Database when not at a WIC authorized place (i.e., home, coffee shop)
3. I am aware of the confidential nature of my logon password;
4. I will not share my logon ID or password with any other individual, including applicants, participants, and other WIC staff;
5. I will take all precautions and efforts necessary to protect the visual observation of my logon ID and password when I enter it into the Peer Counselor Database;
6. I will treat my password as confidential information and change my password every 6 months (as prompted by the system) to ensure security is maintained;
7. I will logon to only one terminal at a time with a valid Breastfeeding Peer Counselor Database logon ID;
8. I am aware that the information contained in this database includes protected health information and WIC participant information must be protected as confidential, consistent with the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 7 C.F.R. § 246.26(d), and other applicable federal and state laws, regulations, and policies;
9. I will utilize any protected health information and/or WIC participant information only for the purposes of the PHFE-WIC Peer Counselor Database;
10. I will not disclose any protected health information and/or WIC participant information to any third parties; and
11. I understand that appropriate disciplinary action (as determined by the State or local agency) may be taken against me if I do not comply with these security requirements.

User/employee name (print full name)	Title	WIC Clinic
User/employee signature		WIC System Logon ID
User/employee email		Phone
Supervisor name (print full name)		Title
Supervisor signature		Date
District name		What functionality do you want to give this person?  ADMIN  LC      or      PC
District ID Number		

Write the answer to **one** of the questions below. You will be asked to provide the answer to this question in the future when changes to your USER information are required.

<b>Security Question #1</b> What was the name of first pet?	<b>Security Question #2</b> From what high school did you graduate?	<b>Security Question #3</b> What is the name of your favorite hobby?	<b>Security Question #4</b> In what city were you born?
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**Please FAX this form to 626-208-1464**

If you have questions about the Breastfeeding Peer Counselor Database,  
please email [wicpcdb@phfewic.org](mailto:wicpcdb@phfewic.org) or call 626-856-6650