

Annual ROSIE User Security and Confidentiality Agreement

ROSIE Security and Confidentiality training is required before signing this agreement. This agreement (and training) must be reviewed annually and documented on the back of this form.

User's name (print): _____ User's ROSIE ID: _____

User's role (check all that apply)

- | | | |
|---|--|---|
| ☐ Local ROSIE administrator* | ☐ WIC director | ☐ Other public health agency staff |
| ☐ State administrator* | ☐ State administrator | ☐ Other (specify): _____ |
| ☐ Local WIC staff | ☐ Public health agency supervisor | |
| ☐ State WIC staff | | |

WIC agency name or state division and section: _____

Agency number: _____ Local or state ROSIE administrator (print): _____

By signing this agreement, I agree to:

1. Comply with the Wisconsin WIC Program's Real-Time Online Statewide Information Environment (ROSIE) policies and my organization's standard policies and procedures for confidentiality and release of client-identifying information. WIC-specific policies are located in the WIC Operations Manual and are hereby referenced as 3.13, 10.41, and 11.11. These policies must be reviewed before signing this document.
2. Use ROSIE to document accurate demographic and health information data for the purpose of maintaining WIC client records.
3. Use ROSIE to enter timely and accurate WIC and other public health data, and to access information and generate individual, family and aggregate outcome data only as necessary to properly provide individual, household, community and system WIC and public health activities and interventions.
4. Carefully and deliberately safeguard my ROSIE user ID and password in accordance with WIC Program policies, as well as generally accepted security practices and my organization's policies and procedures.
5. Allow state administrators or local agency directors, in coordination with Sigma, to audit any and all ROSIE transactions to ensure compliance with all applicable security and confidentiality policies.
6. Disclose identifying client information to other persons/agencies only as allowed by policies 3.13 and 10.41 (e.g., written client consent, as delineated by state and local memoranda of understanding with other programs, child abuse reporting, investigations of WIC crimes).
7. Promptly report to state/local ROSIE administrator any threat to, or violation of, this policy or any WIC security and confidentiality policies.

By signing this agreement, **I agree to not:**

1. Furnish identifying information or documentation obtained from ROSIE to any unauthorized person within or outside of the organization. (See policies 3.13 and 10.41.)
2. Copy the ROSIE database or any associated software (including, but not limited to, individual queries and reporting databases) to personal devices (e.g., flash drive), personal computers or otherwise unauthorized non-agency computers.

I have read, understand, and agree to abide by this ROSIE Security and Confidentiality Agreement and the above requirements. I understand that, if I violate these or any other confidentiality or security requirements, my access to ROSIE data can be terminated and I may be subject to penalties imposed by law.

Title of user: _____

***Local ROSIE administrators must maintain an original copy of this agreement, for each of their staff, on file at the local agency. Local ROSIE administrators must upload their own agreement (pages 1 and 2) annually to their agency's document folder in WICShare. State staff must save their agreement in the shared drive annually.**

[illegible]