



## **WV Birth to Three Enrolled Professional Confidentiality Agreement**

*This agreement must be completed with each initial and annual enrollment  
and before receiving access to the WVBTT Online data system.*

Beginning at the point of referral to WV Birth to Three, all child and family information is protected under the Family Educational Rights and Privacy Act (FERPA) and Part C of the Individuals with Disabilities Education Act (IDEA). As an enrolled professional in the WV Birth to Three system, you agree to be responsible for protecting the confidentiality of all child and family information through any communication, storage and destruction of said information. The following statements outline the basics of this agreement.

1. I understand that based on authorizations to provide WV Birth to Three services, I will have access to individual child educational records and information that is protected under the Family Educational Rights and Privacy Act (FERPA) and Part C of the Individuals with Disabilities Education Act (IDEA).
2. I agree to protect that information in the strictest confidence and to use it only as needed to provide authorized services for said child/children.
3. I understand that information that may identify an individual is considered confidential and may be in multiple forms including:
  - a. Verbal communications;
  - b. Information stored in written, printed, or computerized databases; and
  - c. Images as well as text.
4. I understand that I may not share any confidential information regarding children and their families and will not release, allow access, or otherwise share any personally identifiable information without the specific written consent of the family except for those instances allowed under WV Birth to Three Procedural Safeguards.
5. I understand that unique user emails, IDs, and passwords are required for access to WVBTT Online and are to be considered confidential. The user is responsible for all activity that occurs while logged in with their unique ID.
6. I understand that the WVBTT Online data system is for the purposes of conducting official WV Birth to Three business and that access is restricted to only those individuals who are authorized by WV Birth to Three.
7. I agree to protect my personal WVBTT Online User ID and password from disclosure to any other individual.
8. I understand that as an enrolled professional, my access to information in WVBTT Online is limited to only those children for whom I have authorization to provide services or have otherwise been assigned in the WVBTT Online system, and that my access to such information will cease immediately upon the termination of any said authorization or assignment.
9. I understand that any data, reports, or child information that is printed from WVBTT Online system is confidential. I understand I am accountable for protecting the confidentiality of this information at all times including during printing, storage, and destruction.

10. I agree that I will not access or attempt to access any data for which I am not authorized to view or modify.
  
11. I understand that use of the WVBTT Online system will be tracked based on unique User IDs.
  
12. I agree that any information I enter and/or upload to WVBTT Online shall be free of obscenity, profanity, harassment or intimidating language.
  
13. I understand that all information in WVBTT Online is part of the child's educational record.
  
14. I agree to log off of or otherwise restrict access to any WVBTT Online session when I am not personally attending to it.
  
15. I agree that if I suspect someone else has tried to learn my WVBTT Online ID or password, or has attempted to fraudulently gain access to WVBTT Online, or otherwise use or disclose protected information, I will immediately report the incident to the State WV Birth to Three office at 304-558-5388.
  
16. I understand that protecting the confidentiality of individual child records, whether in hard copy or electronic, includes keeping them from view of individuals who are not directly involved in the child's services. This includes family and other household members when work is being done at home.
  
17. My signature certifies that I understand and will abide by the statements contained in this document.

Enrolled Professional Name (PRINT): \_\_\_\_\_

FIRST

MI

LAST

Enrolled Discipline or Disciplines: \_\_\_\_\_

Payee: \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_

Enrolled Professional Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Mail completed form to:**

Central Finance Office  
 Attn: Provider Enrollment, CSC  
 P.O. Box 29134  
 Shawnee Mission, KS 66201-9160