



## Confidentiality and Conflict of Interest Statement – SHIBA Coordinators & Volunteer Counselors

With regard to SHIBA Coordinator & Volunteer Counselor duties, confidentiality can be defined as the preservation of personal information shared during contact with Medicare beneficiaries and the public. All information and records shared while providing SHIBA counseling services must be treated as confidential. Records obtained by SHIBA counselors must be maintained in a confidential and secure location at all times.

In the event that a SHIBA counselor requires additional information from a person's physician, pharmacist or other medical authority, they should first review their agency specific policy regarding HIPAA (Health Insurance Portability Accountability Act) related issues.

Counselors are advised to obtain a Disclosure of Personal Medical Information form completed and signed by the individual for whom they are providing counseling services.

Disclosing information to an unauthorized person could be interpreted as negligent or reckless misconduct, and not acting within the scope of the SHIBA counselor's duties.

By signing this form I attest that,

- I will preserve the confidentiality of information shared during the course of my SHIBA Coordinator or Volunteer Counselor duties.
- I will keep information obtained from beneficiaries secure at all times.
- I will not receive financial compensation for my volunteer counseling services now or in the future.
- I will not attempt to promote my personal opinion or views with clients.
- I will not use the information gained during my contact with Medicare beneficiaries and the public for personal or professional gain.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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