

OREGON SENIOR HEALTH INSURANCE BENEFITS



CONFIDENTIALITY AGREEMENT FOR RECEIPT OF *UNIQUE ID*

I hereby agree and understand that I am accountable in protection of the privacy and confidentiality of the information that is disclosed to me pursuant to my use of the SHIP *UniqueID* which has been assigned to me by the Centers for Medicare & Medicaid Services. This ID, along with other identifying information will allow a 1-800-MEDICARE Customer Service Representative (CSR) or participating Medicare Advantage, Coordination of Benefits or Part D Plan sponsors to disclose certain beneficiary eligibility and claims payment-specific information to me for the purpose of assisting the beneficiary. I further understand this *UniqueID* is to be confidential and I am not to disclose this ID to anyone other than the CSR.

Counselor Signature

Date

Print Counselor Name

Volunteer Coordinator Signature

Date

SHIP Director Signature

Date

Original to File
Revised: 02/20/14