

CONFIDENTIALITY AGREEMENT FOR RECEIPT OF UNIQUE ID

Dear SHIBA counselor:

Please acknowledge on the following page that you have read the:

- Confidentiality and Medicare Unique IDs
- Confidential counseling tips

Confidentiality and Medicare Unique IDs

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. HIPAA has two parts:

- Personal Protected Information (PPI)
- Protected Health Information (PHI)

As soon as you discover PPI or PHI is breached or potentially breached, contact the SHIBA Administrative Assistant at (360) 725-7097 or SHIBA Programs Supervisor at (360) 725-7225.

Confidential counseling tips

- Use private spaces in meetings with clients to ensure confidentiality.
- Store documents containing PHI in locked offices or filing cabinets.
- Shred written notes when no longer needed.
- Discuss cases in private with authorized SHIBA advisors or Medicare Customer Service Representatives.
- Limit sharing PPI/PHI to a minimum to assist, train or report.
- Return original documents containing PPI/PHI to clients and make copies only when necessary.
- Only store PPI/PHI on password protected, authorized computers or devices.
- Only use secured Wi-Fi or an Internet connection.
- Don't use public Wi-Fi to enter or access PPI/PHI.
- Ensure computer screens are blocked from unauthorized viewers.
- Don't upload PPI/PHI to unauthorized websites.

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I hereby agree and understand that I am accountable for protecting the privacy and confidentiality of the information that is disclosed to me pursuant to my use of the SHIP *Unique ID*, 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 or Part D Plan sponsor to disclose certain beneficiary eligibility and claims payment-specific information to me for the purpose to assist the beneficiary. I further understand:

- My Unique *ID* is to remain confidential.
- I am not to disclose My Unique ID to anyone other than the CSR.
- Confidentiality breach is grounds for immediate dismissal.

In addition, I have read and acknowledge the:

- Confidentiality and Medicare Unique IDs (*Page 1*)
- Confidential counseling tips (*Page 1*)

Print Counselor Name

Date (MM/DD/YYYY)

Counselor Signature

Print County

Counselor email address (for SHIBA use only)

For SHIBA Program Office use only

SHIP Director Signature

Date

Distribution:

STARS' team member profile (electronic)