

Confidentiality Agreement for receipt of Unique ID

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.

Counselor name (print)

Date (MM/DD/YYYY)

Counselor name signature

County name (print)

Counselor email address (for SHIBA use only)

Email signed form to: shiba@oic.wa.gov

For SHIBA Program Office use only

- Path to Certification complete.
- Confidentiality and privacy training complete.
- Confidentiality and privacy training assessment (Passing score: =>80%).

SHIP director signature

Date (MM/DD/YYYY)