

## 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 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

\_\_\_\_\_  
SHIP Director Signature

\_\_\_\_\_  
Date

Original to File  
Copy to Volunteer