



**CONFIDENTIALITY AGREEMENT FOR RECEIPT OF 1-800
MEDICARE 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 1-800 MEDICARE ID which has been created to be used 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 of assisting the beneficiary. I further understand this 1-800 MEDICARE ID is to be confidential and I am not to disclose this ID to anyone other than the CSR.

Name (printed)

Counselor Signature

Date

Counselor e-mail address

SHIP Director or Regional Manager Signature

Date