

**Medicare-Medicaid Eligible  
Options Counselors**

**Client Confidentiality Agreement / Release of Information Form**

The goal of the Medicare-Medicaid Eligible Options Counselor (MME) is to ensure that clients who are eligible for both Medicare and Medicaid are receiving one-on-one counseling to help them make informed decisions about their available healthcare options.

**MME Counselors DO:**

- Provide unbiased one-on-one options counseling in efforts to empower the client to be informed of viable choices and exercise his/her individual rights and protections.
- Assist the client with making informed decisions about their Medicare and Medicaid benefits.
- Keep all client information confidential.

**MME Counselors DO NOT:**

- Charge the client or accept any compensation for their services
- Provide legal advice or advise you on the enrollment, renewal or termination of your healthcare plan.
- Sell, recommend or endorse any specific insurance product, agent, company, Medicare Health Plan, or Prescription Drug Plan, nor may they be actively affiliated with insurance industry, financial planning industry, or pharmaceutical industry.

MME Counselors assume no responsibility for decisions made by, advice given to, or actions taken by the client and the client agrees to waive any and all claims they may have against and hold harmless the State of Rhode Island Office of Healthy Aging (OHA) and United Way of Rhode Island (UWRI) or their affiliated agency for any liability arising out of services provided. The decision to enroll in a healthcare plan is solely the choice of the client. Assistance provided by the MME Counselor will be to follow the application/enrollment instructions with information provided directly by the client. Any information provided by the client during the process must be complete, truthful, and accurate. The client may wish to speak with a fiduciary or other person of trust and consult with other resources prior to deciding to enroll in a healthcare plan.

The MME Counselor will use information collected from the client only in pursuit of assisting the client and will not disclose confidential information to external sources other than UWRI, OHA, Social Security Administration (SSA), Department of Human Services (DHS), the Centers for Medicare & Medicaid Services (CMS), benefit program agency providers, insurance carriers, or others solely in conjunction with MME counseling, assistance, and enrollment.

Should you have any complaints or suggestions for making MME Counselors more responsive to your needs, please let us know by calling the OHA at 401-462-3000. OHA may contact you later to assess your satisfaction with the service provided by the MME Counselor.

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I hereby authorize to obtain from or release information pertinent to me for the purpose of providing MME counseling, assistance, and/or enrollment into a healthcare plan.

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

MME COUNSELOR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MME COUNSELOR SIGNATURE: \_\_\_\_\_

MME COUNSELOR AGENCY: \_\_\_\_\_ COUNSELOR PHONE #: \_\_\_\_\_