

Client Confidentiality Agreement / Release of Information Form

State Health Insurance Assistance Program (SHIP) is a federal program and is sponsored by the State of Rhode Island Department of Human Services, Office of Healthy Aging (OHA), designed to provide education and assistance to Medicare-eligible individuals, their families and caregivers to assist in making informed health insurance decisions. Services are provided by trained counselors and volunteers who are not actively affiliated with the insurance, financial planning or pharmaceutical industries.

SHIP Counselors and Volunteers DO:

- Provide one-on-one counseling regarding Medicare options in efforts to empower the consumer to be informed of viable choices; exercise his/her individual rights and protections; and become a pro-active partner in his/her own health care decisions.
- Upon request, assist with applications and enrollment in Medicare prescription drug plans, health plans and assistance programs.
- Assist with Medicare health insurance problems.
- Keep all consumer information confidential.

SHIP Counselors and Volunteers DO NOT:

- Charge the consumer or accept any compensation for their services
- Provide legal advice or advise you on the purchase, renewal or termination of specific insurance products.
- Sell, recommend or endorse any specific insurance product, agent, company, Medicare Health Plan, or Prescription Drug Plan

SHIP Counselors assume no responsibility for decisions made by, advice given to, or actions taken by the consumer and the client agrees to waive any and all claims they may have against and hold harmless the State of Rhode Island SHIP and the counselors or their affiliated agency for any liability arising out of services provided. Any information provided by the client during the process must be complete, truthful, and accurate. The consumer may wish to speak with a fiduciary or other person of trust and consult with other resources prior to deciding.

SHIP Counselors will use information collected from the consumer only in pursuit of assisting the consumer and will not disclose confidential information to external sources other than the Social Security Administration (SSA), the Centers for Medicare & Medicaid Services (CMS), other RI SHIP staff, service providers, insurance carriers or others solely in conjunction with SHIP counseling or assistance duties.

Should you have any complaints or suggestions for making RI SHIP more responsive to your needs, please let us know by calling the State SHIP Line at 1-888-884-8721. OHA may contact you later to assess your satisfaction with the service provided by the RI SHIP program.

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I hereby authorize to obtain from or release information pertinent to me for the purpose of providing SHIP counseling, assistance and, if necessary, enrollment assistance in to Medicare programs and Medicare assistance programs.

CLIENT NAME: _____ DATE: _____

CLIENT SIGNATURE: _____

SHIP COUNSELOR NAME: _____ DATE: _____

SHIP COUNSELOR SIGNATURE: _____

SHIP COUNSELOR AGENCY: _____ COUNSELOR PHONE #: _____