

Medicare Information Office



LOCAL HELP FOR PEOPLE WITH MEDICARE

Client Agreement, Authorization, And WAIVER



PLEASE READ CAREFULLY

The following understandings and assurances and WAIVER have been explained to me and I agree to counseling under provisions and guidelines of the State of Alaska, Medicare Information Office-State Health Insurance Assistance Program (SHIP)/Senior Medicare Patrol (SMP) or an affiliated program.

- This program is intended to provide information regarding Medicare (including Medicare Part A (hospital) Part B (medical) Part C (Medicare Advantage) Part D (prescription drug coverage), Medicare Supplements, and other health benefit options related to Medicare to empower the client 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.
• Services are provided by trained volunteer counselors who are acting in good faith, and information given shall not be construed to be legal advice EXCEPT as may be given by a lawyer admitted to the Alaska Bar.
• Services are provided at NO CHARGE to the consumer and counselors are not allowed to accept any compensation for their services, nor without the permission of the client may counselors be employees of or work for any insurance company offering Medicare Part D or Medicare related coverage such as Medigap policies. Potential conflicts will be clearly disclosed to the client.
• Counselors do not sell, recommend, or endorse any specific insurance product, agent, or company, but, based on the information provided by the client, counselors may recommend between different Medicare Supplements and Medicare Part D Plans, or Prescription Drug Plans.
• Counselors will seek from the client any and all information that appears necessary to provide comprehensive counseling assistance, and the client acknowledges that the counseling information provided by the counselor will be based upon the accuracy and completeness of the information provided by the client.
• Counselors will use information collected only in pursuit of assisting the client and will not disclose confidential data to external sources other than the Social Security Administration (SSA), the Centers for Medicare & Medicaid Services (CMS), service providers, insurance carriers, or others solely in conjunction with counseling or assistance duties. Any other release of client's information shall be only with the permission from the client.
• Upon the client's request, the counselor will assist a client with applications for and enrollment into Medicare health care benefits, including prescription drug coverage and "extra help" with prescription drug applications. The decision to enroll in or apply for a specific health care benefit or insurance coverage is solely the choice of the client. Assistance provided by the counselor will be to follow the application/enrollment instructions and fill in the application/enrollment form with information provided directly by the client. Any information provided by the client during the process is must be complete, truthful, and accurate.
• 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 Alaska SHIP/SMP, the State of Alaska, and the counselor or their affiliated agency for any liability arising out of services provided.

I hereby authorize the Medicare counselor named below to utilize information as necessary to counsel me on Medicare choices. This could be from/to my hospitals, physicians and/or other providers of medical services or supplies as well as SSA, CMS, Medicare Administrative Contractors, and my private insurance companies.

Client Name: _____ Client Signature: _____ Phone Number: _____

Counselor Name: _____ Counselor Signature: _____ Phone Number : _____

Date: _____ Additional comments: _____