



Arrowhead Area Agency on Aging

Senior LinkAge Line® and MN State Health Insurance Assistance Program Statement of Confidentiality and Non-Conflict of Interest

The Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) requires that all paid staff, contractors, and volunteers shall comply with all of the provisions contained herein. Each staff, contractor and volunteer must sign and date the Statement of Confidentiality and Non-Conflict of Interest Form prior to providing information and assistance services.

Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) is a comprehensive, objective, neutral information and assistance service. Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) staff, contractors and volunteers are prohibited from promoting private or personal interest in conjunction with the performance of Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) duties.

To comply with these requirements, I agree to the following:

1. I will not promote membership to any organizations.
2. I will in no way attempt to conduct market research, nor solicit, or persuade consumers to purchase a specific type of insurance coverage, to convert an existing insurance policy to another carrier, to go to a specific agent/broker, or any profit based billing service.
3. I will not accept financial gain from any insurance plan, company, or agent/broker in return for any consumer enrollment or use of services.
4. I am not currently a licensed insurance agent or broker.
5. I will not say that I or the Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) recommends any particular person, product, service, or agency (including insurance companies, membership organizations) to consumers.
6. I will provide objective health insurance counseling without conflict of interest or affiliation with the insurance industry or insurance claims filing businesses as a Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) representative.
7. I will provide consumers with the array of options available to them and will not make the decision or choice for them.

8. I will not disclose or use confidential information obtained as a result of my association with or access to any consumer for personal gain or advantage for my employer, or any other parties, or for any other purpose not required by this program.
9. I hereby acknowledge my obligation to respect the confidentiality of consumers and to exercise good faith and integrity in all dealings with consumers in the performance of my duties in the Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP).
10. In the event of my resignation or termination, I will keep strictly confidential all information related to the identity and cases of consumers served by the Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP). All documentation pertaining to the assistance I provided to individual consumers will be given to my Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) Coordinator.
11. I will report any violations of this agreement based on my experience or observation to the Area Agency on Aging Director or my designated contact.

I understand that a breach of this agreement will result in my immediate decertification as a Senior LinkAge Line® and State Health Insurance Assistance Program (SHIP) counselor and subject me to liability for breaching the consumer's right to privacy and confidentiality.

Print Name

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date

Signature of Area Agency on Aging Director

Date