



Confidentiality and Conflict of Interest Statement – SHIBA Volunteer Counselors

With regard to SHIBA volunteer duties, confidentiality can be defined as the preservation of personal information shared during contact with Medicare beneficiaries and the public. All information and records shared while providing SHIBA volunteer services must be treated as confidential. Records obtained by SHIBA volunteers must be maintained in a confidential and secure location at all times.

In the event that a SHIBA volunteer requires additional information from a person's physician, pharmacist or other medical authority, they should first review their agency specific policy regarding HIPAA (Health Insurance Portability Accountability Act) related issues.

Volunteers are advised to obtain a Disclosure of Personal Medical Information form completed and signed by the individual for whom they are providing counseling services.

Disclosing information to an unauthorized person could be interpreted as negligent or reckless misconduct, and not acting within the scope of the SHIBA volunteer's duties.

By signing this form I attest that,

- I will preserve the confidentiality of information shared during the course of my SHIBA volunteer duties.
- I will keep information obtained from beneficiaries secure at all times.
- I will not receive financial compensation for my volunteer counseling services now or in the future.
- I will not attempt to promote my personal opinion or views with clients.
- I will not use the information gained during my contact with Medicare beneficiaries and the public for personal or professional gain.



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Signature

Date