



Team Member Agreement

As a Virginia Insurance Counseling and Assistance Program (VICAP) team member, I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: position descriptions, handbooks, manuals, and other guidance. VICAP, the Virginia Department for the Aging, and local Area Agencies on Aging are not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my position will be taken at my own personal risk.

Nature of Team Member Service

VICAP relies upon volunteers and paid staff to provide local help for people with Medicare. The scope of responsibilities varies for each team member. I understand that as a member of the VICAP COMPASS Team:

- ◆ My responsibilities may include providing accurate, objective counseling and assistance with issues related to Medicare, Medicaid, supplemental health insurance, long-term care insurance, and other health insurance topics for Medicare beneficiaries, their representatives and caregivers, or people who will soon be eligible for Medicare.
- ◆ My responsibilities may include using internet-based programs to help clients identify and compare health and prescription drug plan options.
- ◆ My responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.
- ◆ My team member activities may need to take place at specific counseling sites, by telephone, or at clients' homes when health conditions make it necessary.
- ◆ I must submit monthly documentation of my activities to my VICAP Coordinator.
- ◆ VICAP COMPASS Team members provide services free of charge to any clients who seek assistance from the program.

Confidentiality

- ◆ I understand that I will have access to certain personal information about my clients, including medical, insurance, financial and other data of a sensitive or confidential nature.
- ◆ I agree to keep such information confidential and to use it only to perform my team member duties, to the extent that a client explicitly authorizes.

Non-Conflict of Interest

VICAP COMPASS Team members cannot promote private or personal interests as they go about performing the duties described in position descriptions, policies, and program guidelines. To comply with this requirement, I agree to the following:

- ◆ I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.
- ◆ I will not disclose or use confidential or other personal information obtained from a client through my association with VICAP for personal gain or the gain of my employer or any other party.

Agreement

- ◆ I agree to serve in the role(s) of _____.
- ◆ I agree to attend initial and update training programs as required.
- ◆ I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a VICAP COMPASS Team member.
- ◆ I agree to comply with VICAP's drug-free workplace requirement and notify my local program coordinator of any drug convictions.
- ◆ I understand that a breach of this agreement will result in the termination of my service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Team Member's Name: _____

Team Member's Signature: _____ Date _____

Coordinator's Signature: _____ Date _____