

Required Privacy Consent

Your prior consent is required before I can start an application for you for health insurance. When you contact me to use my services you are agreeing to the following:

I give my consent to Sheron E Sidbury NPN#11466028 a Licensed Health Insurance Agent in the states of Maryland and Virginia permission to gather any private information necessary to assist me with analyzing and enrolling in a Health Insurance Plan through The Health Insurance Marketplace or with any other insurance plan.

By signing this consent form, I acknowledge that the agent Sheron E Sidbury NPN# 11466028 has informed me the individual, employer, or employee of the functions and responsibilities that apply to her role an agent or broker working with the Federal Health Insurance Marketplace and Maryland Health Connection or any other state based Health Insurance Marketplace that she may become certified with in the future. Your consent indicates that the agent or broker Sheron E Sidbury NPN# 11466028 has permission to 1) conduct an online person search for your application on the Health Insurance Marketplace, 2) assist you with completing an eligibility application, 3) assist you with plan selection and enrollment, and 4) assist with ongoing account/enrollment maintenance.

I understand that during the enrollment process I will need to supply Personally Identifiable Information. This includes information such as my legal name, address, date of birth, social security number or other personal data need to complete an application for me or any other person that is applying for insurance on my application. This consent begins today and has no expiration date unless withdrawn by either party in writing via postal mail; by email, by fax, by text message or you cease being a client. All personal information will remain confidential.

By submitting this privacy consent you agree that you have read and understand my Privacy Policy, which is included later on in this agreement. You also understand that this agreement will remain enforce until it is revoked by you or you sign an agreement to work with another agent. In the event that your account has been switched to another agent with or without your consent, you will be required to sign another consent form to renew your agreement with me Sheron Sidbury NPN#11466028.

You also understand that this agreement can be revoked at any time by you the consumer or by me Sheron Sidbury NPN#11466028 at any time in writing via email, postal mail or text message using my contact information below. You can also verbally revoke your consent via voice message or a verbal text message to the phone number below. You must use the contact information below for your consent revocation to be received by me and be valid and recorded properly.

To end my business relationship with you I will contact you using the information you provided in this agreement. This notice is required by the Federally Facilitated Health Insurance Marketplace and is required by me for all consumers who I assist in all Health Insurance Marketplaces that require a written consent.

The following Amendment has been made to this Agreement as of June 18, 2023 based on the new requirements from The Centers for Medicare and Medicaid Services or CMS for agents and brokers who assist consumers who use the Federally Facilitated Health Insurance Marketplace or the FFM. The following reflects the new requirements

All agents, brokers, and web-brokers are required to abide by all statutory requirements when assisting consumers on the FFMs. These requirements will take effect beginning June 18, 2023.

Beginning June 18th, 2023, agents, brokers, and web-brokers will need to meet the new consent requirements listed in 45 C.F.R. 155.220(j)(2)(iii) and all agents, brokers and web-brokers will be required to document and maintain consumer consent. 155.220(j)(2)(iii)(B) requires this documentation include:

- *A description of the scope, purpose, and duration of the consent provided by the consumer or the consumer's authorized representative;*
- *The date the consent was given;*
- *The name of the consumer or their authorized representative;*
- *The name of the agent, broker, web-broker, or agency to whom consent was granted*

(Note that this could include additional names of agents or brokers if the consenter authorized multiple agents or brokers within the same organization);

- *A process through which the consumer or their authorized representative may rescind the consent.*

Sheron E Sidbury
NPN# 11466028
7676 Richmond Hwy #6817
Alexandria, VA 22306
Phone: (571) 636-9366
Fax: (703) 997-8522
Email: sheron@sesinsureme.com
Website: <https://www.youesignaplan.com/>

By checking the box below I _____
agree to appoint Sheron E Sidbury NPN #11466028 as my agent to assist me with
my insurance needs. I understand that I can revoke my consent at any time.

I Agree

I do not agree

Print Name

Address

County

City

State

Zip Code

Phone Number

Email

Signature

Date

Electronic Communications and Communications Preferences Consent Form

The federal government has advised that patients and client have a right to receive health information via their preferred communication channels, including unencrypted channels, should they prefer them. It is important to understand patient and client communication preferences, as they may be both protective and mandatory.

Since clients can choose to receive messages outside of any secure text messaging or email system and still be compliant, there are certain criteria that have to be met in order for the compliance to meet government standards.

If the following three criteria are met, the governmental guidance suggest that you should be in the clear to use standard text messaging with your patients or clients in a HIPAA compliant way. (The Health Insurance Portability and Accountability Act).

1. The client understands that standard text messaging SMS has security vulnerabilities.
2. The client understands that I provide secure alternatives to the standard texting or email messaging to keep their sensitive information secure.
3. The client still prefers and agrees to communicate using standard text or email messaging over other options and that is their right and their choice.

There is no explicit requirement to confirm in writing that these criteria have been met. Doing so provides me as the agent extra protection.

Standard text messaging SMS on any secure system can be HIPAA compliant, but should be used with care and comply with the clients preference.

I Sheron E Sidbury NPN 11466028 will require all clients to indicate their preference as far as how they are willing to receive communication from me going forward whether that be by text message email message, whether that be secured or standard communication methods. Everyone will have an option on how they send their documents to me and what level of security they are comfortable with. I will provide everyone with a secure way to transmit documents with sensitive information to me. I will only send documents with sensitive information to you in a secure manner. If you respond to me outside of a secure system that will indicate that you're comfortable sending messages without using a secure method. You also

have the right to send me a message stating that you prefer to only communicate via secured protected communications.

Consent to Communicate by Standard Email and Text Messaging.

I _____, here by consent and state my preference to have my health insurance agent Sheron E Sidbury NPN 11466028, and other staff that may work with her now or in the future communicate with me by email or standard SMS messaging (text messaging) regarding various aspects of my insurance eligibility or other insurance needs. This may include, but will not be limited to details about my policy, personal details about myself and other members of my tax household and other important details needed to be collected to complete my eligibility application.

I understand that email and standard SMS text messaging are not confidential methods of communication and may be insecure. I further understand that because of this there is a risk that email and standard SMS text messaging regarding my medical care, might be intercepted and read by a third-party, even though the chance of this happening may be small.

I also agree that I have been informed by my insurance agent that they are secure methods for me to communicate my personal information. I also understand that it's my choice to use standard email and SMS text messaging if that is more convenient for me I understand and have been informed of the risk involved.

I also understand that my insurance agent will only communicate with me using secured protected methods when emailing me or using text messages as required by law.

PLEASE INDICATE YOUR PREFERRED METHODS OF COMMUNICATION
(Please check all that apply)

I can communicate via standard texting and email for all communication. I understand and accept the risk involved.

I can communicate via standard texting and email except for sensitive personal information

I would like to be provided with a secure way to communicate sensitive documents and other sensitive personal information.

I can communicate via email

I can communicate via text messaging

I can communicate via postal mail

I agree to accept updates regarding health insurance and other updates that may affect my enrollment

I understand that I may change my elections at any time in writing by filling out another agreement. I also understand that I may revoke my consent at any time in writing by contacting Sheron E Sidbury using the contact information provided below.

Sheron E Sidbury
7676 Richmond Hwy #6817
Alexandria, VA 22306
Phone: (571) 636-9366
Email: sheron@sesinsureme.com

Print your name

Signature

Date

Privacy Policy

This privacy policy discloses the privacy practices for Sheron E Sidbury. According to the agreement I have with CMS (The Centers for Medicare and Medicaid) and HHS (The Department of Health and Human Services) I am required to provide you with this notice before assisting you with your application for health insurance. It also applies when you use my services to obtain any other life insurance or financial product. It describes what you can expect from me as your insurance agent. This privacy policy applies solely to information collected by me when I collect Personal Identifiable Information from you to complete an application for health insurance via a Health Insurance Marketplace whether it's on the federal or state exchange and when you apply for any other insurance or financial product. It also applies to how I handle Personal Identifiable Information for all types of insurance policies and financial that I sell. I am authorized to collect personal information to complete your application for health insurance, life insurance or other financial products. This includes any supporting documentation, including social security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act. By receiving this privacy policy and using my services to complete an application for Health Insurance through a Federal or State based Marketplace or for any other type of insurance or financial product you agree that you have read and understand the information in this notice.

It will notify you of the following:

1. What personally identifiable information is collected, how it is used and with whom it may be shared.
2. What choices are available to you regarding the use of your data.
3. The security procedures in place to protect the misuse of your information.
4. How you can correct any inaccuracies in the information.

Information Collection, Use, and Sharing

During the application process you will be asked to provide information such a valid social security numbers, name, address, phone, number, email address, employment information and other personal details.

Only authorized persons will have access to the information collected. I only have authority to collect information that you voluntarily give me via secure email or

other direct contact from you. I will only exchange personal identifiable information (PII) via secured email or other encrypted methods. You agree to respond to me via secured email which requires the creation of a username and password. If your email service provider does not accept secured emails you agree to contact me via phone, email or postal mail. I will choose another secured method of communication. If you choose to send PII to my business email address which is not secured without encrypting it you do so at your own risk and will be responsible for any compromise that occurs with your sensitive information.

I will not sell or rent your information to anyone.

I will use your information to respond to you, regarding the reason you contacted me. I will not share your information with any third party outside of my organization, other than as necessary to fulfill your request, such as contacting the Health Insurance Marketplace or the Insurance company or other financial institutions on your behalf with your prior consent.

Unless you ask me not to, I may contact you via postal mail or email in the future to tell you about changes to this privacy policy.

Your Access to and Control Over Your Information

You may opt out of any future contacts from me at any time. You can do the following at any time by contacting me via the email address or phone number or address given in this notice:

- See what data we have about you, if any.
- Change/correct any data we have about you.
- Have us delete any data we have about you.
- Express any concern you have about our use of your data.

Security

I take precautions to protect your information. When you provide sensitive information your information is protected both online and offline.

Wherever I collect sensitive information (such as credit card data, social security numbers, etc), that information is encrypted and transmitted in a secure way. You can verify this by looking for a closed lock icon at the bottom of your web browser, or looking for "https" at the beginning of the address of the web page.

You will be able to see this if we are filling out the application face to face or via a screen sharing session.

While all of the sites I use to submit applications on your behalf use encryption to protect sensitive information transmitted online, I also protect your information offline. Only authorized persons with your consent who need the information to perform a specific job (for example resolving errors on your application with the Health Insurance Marketplace, resolving a billing or claims issue with your Life or Health Insurance Carrier) are granted access to personally identifiable information.

The computer servers in which I store necessary personally identifiable information are encrypted and secure.

We follow the following procedures:

1. I shred all hard copies of verification documents after they are uploaded to the Health Insurance Marketplace. Insurance and financial documents and any other documents that are required to be kept by law are scanned encrypted and stored securely.
2. All Documents containing Personal Identifiable Information (PII) stored on computers are encrypted and password protected.
3. I will only contact you via secure email or via postal mail should I need to send (PII) to you.

To file a complaint you can do so online or by mail at the following website:
[https://www.scc.virginia.gov/pages/File-an-Insurance-Complaint-\(1\)](https://www.scc.virginia.gov/pages/File-an-Insurance-Complaint-(1)) or call:
Toll-free number: 1-877-310-6560

Updates

Our Privacy Policy may change from time to time and all updates will be published and sent to you.

If you feel that I am not abiding by this privacy policy, you should contact me immediately via telephone at 703-568-0654 or via email at

sheron@sesinsureme.com or via postal mail at Sheron Sidbury 7676 Richmond Hwy #6817 Alexandria, VA 22306

Print Name

Signature

Date

Sheron Sidbury
Healthcare Cost Containment Specialist
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Updated 09/25/2023