



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Medicare Hearings and Appeals

Addendum to Settlement Conference Facilitation Confidentiality Agreement

NOTE: This is an accessible version of this form, to be completed only by individuals with a disability that would prevent the individual from entering a handwritten signature. All other individuals should use the version of this addendum that requires a handwritten signature, available on the OMHA website at www.hhs.gov/omha.

Use this form if you require additional signature lines for the Settlement Conference Facilitation Confidentiality Agreement. Please send this form, along with your Settlement Conference Facilitation Confidentiality Agreement, as PDF attachments and e-mail them to OMHA_SCFAppeals@cms.hhs.gov.

This signature page is an addendum to the attached Settlement Conference Facilitation Confidentiality Agreement (Agreement). The undersigned agree to the terms stated in the attached Agreement.

Signature	Printed Name	Date
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