



MAACLink DV VPN

CLIENT CONSENT AND RELEASE OF INFORMATION

MAACLink DV VPN is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink DV VPN is not electronically connected to HUD and is only used by authorized agencies. All MAACLink DV VPN users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to _____ (Agency Name) to collect and enter my personal and household information into the MAACLink DV VPN computer system.

I understand that the MAACLink DV VPN system may be shared by authorized users within this agency only for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink DV VPN file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- This agency will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Client Name (Printed)

Client Signature

Date

Agency Representative Name (Printed)

Agency Representative Signature

Date