



MAACLink DV VPN

STATEMENT OF CONFIDENTIALITY AND REQUEST FOR MAACLINK DV VPN ACCOUNT

To receive a MAACLink DV VPN account, fill out this form and fax to **816-561-7277** or mail to:
MAAC, 1 W Armour Blvd. Ste. 301, Kansas City, MO 64111
Please call MAAC at 816-561-2727 to schedule a training on how to use MAACLink DV VPN.
 Or, a MAACLink DV VPN administrator will contact you about training and your unique user name and password.
 Training must be completed before gaining access to the system.

Name (Please Print)	Agency Name & Branch
Phone	Street Address
Email	City / State / Zip Code

User Statement of Confidentiality

By signing this document, I agree to maintain strict confidentiality of information contained in the MAACLink DV VPN computer program. This information will be used only for the legitimate client service and administration of the above named agency. Any breach of confidentiality will result in a Notice of Violation and possible termination of my or my entire agency participation in MAACLink DV VPN. *I acknowledge that I have received or have access to the MAACLink DV VPN Privacy Agreement.*

Please Initial To Agree To the Following Statements

- I understand that my username and password are for my use only. I will not share them with anyone.
- I understand that I must keep my password hidden and secret.
- I understand that the only individuals who can view MAACLink DV VPN information are authorized users and the clients to whom the information pertains.
- I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job. I will not look up information on family, employees, friends or for any other personal use.
- I understand that these rules apply to all users of MAACLink DV VPN, whatever their work role or position.

Signature	Date
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Supervisor's Section

I approve and accept responsibility for this MAACLink DV VPN user's access to the MAACLink DV VPN client information system.

Supervisor's Name (Please Print) _____ Phone _____

Supervisor's Signature _____ Date _____

FOR MAACLink ADMIN USE ONLY

Username: _____	Date Added: _____
Training Date: _____	Admin Name: _____