

# Statement of Confidentiality and Request for MAACLink Account

To receive a MAACLink 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



A MAACLink administrator will contact you about training and your unique user name and password.  
 Training must be completed before gaining access to the system.

User Information
Name: _____
Contact Number: _____
Email Address: _____
Agency Information
Agency Name/Program Name: _____
Agency Address: _____
Agency Phone Number: _____

### User Statement of Confidentiality

By signing this document, I agree to maintain strict confidentiality of information obtained through the MAACLink computer network. 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. I acknowledge that I have received or have access to the MAACLink Privacy Agreement.

Please Initial To Agree To the Following Statements:

- \_\_\_\_\_ I understand that my username and password are for my use only and that I must take all reasonable measures to keep my password private.
- \_\_\_\_\_ I understand that the only individuals who can view MAACLink 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 the clients must sign the Client Consent and Release of Information form (found at [maaclink.org](http://maaclink.org)) before their information can be entered in MAACLink.
- \_\_\_\_\_ I understand that the Client Consent and Release of Information form must be completed at least annually and kept in secure and retrievable storage for at least 5 years after the last date of service.
- \_\_\_\_\_ I understand that once hard copies of MAACLink information are no longer needed, they must be properly destroyed (shredded) to maintain confidentiality of clients.

**User Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Supervisor Section (Please check the appropriate workgroup depending on how the individual will use MAACLink):</b>	
<input type="checkbox"/> Emergency Assistance (EA)—For agencies that access the basic functionality of MAACLink (working with clients, entering services, running service reports)	
<input type="checkbox"/> HMIS—For agencies that receive funding from one or more of the following sources (mark all that apply):	
<input type="checkbox"/> HUD / APR	
<input type="checkbox"/> MHDC ESG / CAPER	
<input type="checkbox"/> SSVF	
<input type="checkbox"/> MHTF	
<input type="checkbox"/> MoHIP	
<input type="checkbox"/> Shelter—For agencies that use MAACLink's "Shelter Manager" tab/module to enter shelter check-ins and check-outs	
<input type="checkbox"/> Fund Manager—For agencies that use MAACLink's "Fund Manager" tab/module to approve/deny services and print checks or letters of direction from MAACLink	
<input type="checkbox"/> St. Joseph Coordinated Entry	
<b>Supervisor's Name (please print):</b> _____	<b>Phone:</b> _____
<b>Supervisor's Signature:</b> _____	<b>Date:</b> _____

#### MAAC STAFF USE ONLY

Username: \_\_\_\_\_ Date Added: \_\_\_\_\_  
 Training Date: \_\_\_\_\_ MAAC Staff: \_\_\_\_\_