

Statement of Confidentiality and Request for MAACLink Account

To receive a MAACLink account, fill out this form return to MAAC staff:

Email: training@maaclink.org, fax: 816-561-7277, or mail:
 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.



New User's Information
Name (required):
Contact Number:
Email Address (required):
New User's Agency Access in MAACLink
Primary Agency Name as Listed in MAACLink (required):
Additional Sites Names Needed in MAACLink (If applicable):

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) 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: _____

Supervisor Section (Check the appropriate workgroup depending on how this User will utilize MAACLink):

- Emergency Assistance (EA) — General MAACLink use (adding/viewing Client records, entering Services, running service Reports)
- Reports Only — For users that will not enter data and only use MAACLink "Reports" module
- Fund Manager — Users who will access MAACLink's "Fund Manager" module to add/track balances for agency funds
- Shelter — Users who will access MAACLink's "Shelter Manager" module to enter shelter check-ins and check-outs
- Funder — For users that are affiliated with a funding Company/Foundation who will not enter Client data, only oversee their grants.

Supervisor's Name (please print): _____

Email: _____

Supervisor's Signature: _____

Date: _____

MAAC STAFF USE ONLY

Username: _____
 Training Date: _____

Date Added: _____
 MAAC Staff: _____