

## Client Revocation Form

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

Agency/Organization: \_\_\_\_\_

Agency Representative and Phone Number:

\_\_\_\_\_

Client's Full Name: \_\_\_\_\_

Client's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I no longer want to allow this agency/organization to keep secure electronic files on my behalf that might enable them to provide me with better emergency assistance or case management services. An agency representative has explained to me the reasons why they keep my personal identifying data in the MAACLink system. I understand the privacy policies of the MAACLink system. Although I have previously consented to share my information, at this time I request that my personal file entered by the agency/organization listed above be removed from the MAACLink system.

I understand that services provided from some private funding sources may not be deleted from MAACLink due to funding eligibility guidelines.

Client Signature: \_\_\_\_\_

Fax this form to the Mid America Assistance Coalition at (816) 561-7277.

Or mail to:

1 W. Armour Blvd., Ste #20

Kansas City, MO 64111