

MAACLink Verbal Consent Agreement

Agency Name and Address: _____

This is to notify the Mid America Assistance Coalition (MAAC) and MAACLink administrators that this agency regularly obtains verbal consent from the homeless and low-income consumers it serves. The verbal consent given by consumers is in place of a signed Release of Information form.

This agency agrees to inform consumers who are entered into MAACLink that their information may be used in non-identifying (aggregate) reports to advocate on behalf of low-income populations in our area and to meet federal, state, local or agency reporting requirements.

This agency agrees to follow all applicable privacy and confidentiality procedures as described in the Privacy Packet and the User Statement of Confidentiality. The Privacy Packet available from MAACLink administrators or online at www.maaclink.org.

Call (816) 561-2727 with questions.

Return this signed form to MAAC by faxing to (816) 561-7277 or mail to:

Mid America Assistance Coalition

1 W. Armour Blvd, Ste #20

Kansas City, MO 64111

Executive Director Printed Name: _____

Executive Director Signature: _____

Date: _____