

Confidentiality Agreement

Please fax completed agreements to one of the following numbers: (888) 857-0148 or (866) 810-4526. All agreements must be completed in full (including a signature by the agency's designated as the Point of Contact) before it will be processed. **If faxing multiple agreements this coversheet should only be used once.**

Note: Do not include any client data in this fax transmission.

Agency Name _____

Agency CAN ID# _____ Contact Name _____

Contact Phone Number _____ Contact Email _____

Instructions for Creating User Account

Prior to faxing this agreement the POC should work with each user to create an online account to expedite the account activation process.

1. Visit www.can.org and click on "Getting Started" on the upper right-hand side of page.
2. Once the page loads, scroll down and click on the left-hand menu "Registration, Login, and Password Help" and follow all onscreen instructions.
3. An email verification link will be sent to the email address used to create the account. This link must be clicked within 48 hours or it will expire.
4. When creating the account write down the answer to the Security Question.
5. Fax signed Confidentiality Agreement
6. Once the user registration process is completed it must then be activated by CAN. Typically, accounts are activated within three business days for all approved Participating Agencies.

Note: User accounts are not activated until the agency's Participation Packet is approved (for new agencies only) and a signed Confidentiality Agreement is received.

List of users included in this fax (please print):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Visit www.can.org to register for technical training or download user guides.

User Confidentiality Agreement

I understand that in the course of working at _____ I may have access to personal information regarding individuals seeking or receiving services as a result of a disaster.

I also understand that in the course of working at _____ I may become privy to information pertaining to individuals who are missing, who lost their lives or were injured as a result of a disaster.

I agree that I shall not disclose to anyone, including co-workers or volunteers, for any purpose not related to assistance, any such information without permission from _____ and the respective individual's prior written permission, or as may otherwise be required by law.

Please indicate in which portals this user is authorized to access:

- | | |
|--|---|
| <input type="checkbox"/> Region I- CT, MA, NH, RI, VT, ME | <input type="checkbox"/> Region VII- IA, KS, MO, NE |
| <input type="checkbox"/> Region II- NY, NJ, PR, VI | <input type="checkbox"/> Region VIII- CO, MT, ND, SD, UT, WY |
| <input type="checkbox"/> Region III- DE, MD, PA, VA, WV, DC | <input type="checkbox"/> Region IX- AZ, CA, HI, NV, AS, FM, GU, MH, MP |
| <input type="checkbox"/> Region IV- AL, FL, GA, KY, MS, NC, TN, SC | <input type="checkbox"/> Region X- AK, OR, WA, ID |
| <input type="checkbox"/> Region V- IL, IN, MI, MN, OH, WI | <input type="checkbox"/> Construction Portal (Construction Supervisors) |
| <input type="checkbox"/> Region VI- AR, LA, NM, OK, TX | <input type="checkbox"/> Other _____ |

User Information: (Complete all fields)

User Signature	Date
User Printed Name	Email Address

Agency Point of Contact: (Complete all fields)

POC Signature	Date
POC Printed Name	POC Phone
Agency Name	Agency ID