

Genesee, Lapeer
and Shiawassee
Counties

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Provider Contact Information Compass User Agreement

Provider Agency:

I _____ certify that the contact person and ALL Compass users (Vendor View and Vendor Billing included) for this agency have been reviewed and are correct with most current contact information and employed Compass users. I also certify that each individual accessing the Compass System has their own username and password. I certify that no employee will share usernames and/or passwords.

✓ By checking this box, I have agreed to inform VAAA of any future changes that may occur for this agency that are listed below within 24 hours of occurrence:

- Contact Information (Address, Phone/Fax Number, etc.)
- Contact Person (Email, Phone Number, etc.)
- New Compass Users
- Removal of Compass Users (Terminated Staff)

Failure to comply with this agreement and the statements listed above are considered a violation of HIPAA.

Authorized Signature

Title

Date