

Exhibit B
Agreement Concerning the Use of Account Information
And
Release of Atmos Energy Corporation

Sharing the Warmth Program

You have requested financial assistance from an agency (an "Agency") that participates in the Sharing the Warmth program (the "Program") sponsored by Atmos Energy Corporation ("Atmos Energy"). Your eligibility to obtain financial assistance from the Program (the "Sharing the Warmth Funds") is conditioned upon your acceptance of the terms and conditions contained or referenced in this agreement (the "Agreement"). Please read this agreement carefully.

Sharing of Customer Information

By accepting the terms of this agreement, you are authorizing Atmos Energy to share your customer information with an agency to facilitate the pledge of Sharing the Warmth Funds to your Atmos Energy account. The customer information that Atmos Energy will share with an Agency may include your current and former name(s), account number, payment history, street address, gas usage, and any other information Atmos Energy may have in its possession. This may include information that you consider confidential or private. All Customer information referred to in the preceding sentence is defined as "Customer Information."

Release and Indemnity

YOU AGREE TO RELEASE, INDEMNIFY, DEFEND, AND HOLD ATMOS ENERY, ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS AND AFFILIATES HARMLESS FROM ALL LIABILITIES, CLAIMS AND EXPENSES, INCLUDING ATTORNY FEES, FROM CLAIMS RELATING TO OR ARISING UNDER THE PROGRAM OR THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE DISCLOSURE OF YOUR CUSTOMER INFORMATION TO AN AGENCY, OR AN AGENCY'S SUBSEQUENT USE AND/OR DISCLOSURE OF YOUR CUSTOMER INFORMATION. THIS RELEASE AND INDEMNIFCATION WILL SURVIVE THE TERMINATION OF THIS AGREEMENT AND/OR THE SHARE THE WARMTH AGREEMENT.

Limitation of Liability

ATMOS ENERGY SHALL NOT BE LIABLE TO YOU IN ANY WAY FOR DAMAGES OF ANY KIND INCLUDING, WITHOUT LIMITATION, ACTUAL, DIRECT, COMPENSATORY, SPECIAL, INCIDENTAL, EXEMPLARY, LOST PROFITS, LOSS OF REVENUE, AND/OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE PROGRAM OR THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE DISCLOURE OF YOUR CUSTOMER INFORMATION TO AN AGENCY, OR AN AGENCY'S SUBSEQUENT USE AND/OR DISCLOSURE OF YOUR CUSTOMER INFORMATION.

Reservation of Rights

Atmos Energy reserves the right to modify in part or in whole, or temporarily or permanently discontinue the Program for any reason and at any time without notice.

Jurisdiction

This Agreement shall be construed in accordance with the laws of the State of Texas. All disputes from your use of this Website or under this Agreement shall be resolved in a court located in Dallas County, Texas, without reference to conflict of laws or choice of laws statute.

Beneficiary Signature: _____

Date: _____



MAACLink OnSite

CLIENT CONSENT AND RELEASE OF INFORMATION

MAACLink OnSite is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink OnSite is not electronically connected to HUD and is only used by authorized agencies. All MAACLink OnSite users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to _____ (Agency Name) to collect and enter my personal and household information into the MAACLink OnSite computer system.

I understand that the MAACLink OnSite system may be shared by authorized users within this agency only for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink OnSite file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- This agency will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Client Name (Printed)

Client Signature

Date

Agency Representative Name (Printed)

Agency Representative Signature

Date