

Client Revocation of HMIS Consent

I hereby revoke permission to share my personal identifying information, and the personal identifying information of each of my family members under the age of 18 (if applicable), with the partner agencies in the Homeless Management Information System (HMIS). Each adult family member must complete and sign the Client Revocation of HMIS Consent. I understand that my information will remain in HMIS as part of the non-identifying data collected on services provided by the HMIS, but that my personal identifying information will no longer be available to any partner agency.

Please also remove the personal identifying information of each of my family members under the age of 18. I understand that each adult family member must complete and sign the Client Revocation of HMIS Consent.

Client Name

Client HMIS#

Client Signature

Date

Executed by:

Name of HMIS Partner Agency

Agency Staff Signature

Date