

# HMIS (Homeless Management Information System)

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## Revocation of Client Consent Form

 I, \_\_\_\_\_, revoke permission to include my personal identifiers in Safe Harbors HMIS.

By revoking consent, I am aware that the identified information I have in Safe Harbors will be removed and a new unidentified record will be added. I can revoke consent from a single program/agency or from all programs where I have been served.

I would like to revoke consent from the following:

Program: \_\_\_\_\_

All programs/agencies

I would also like to revoke consent for these household members:

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

Household Member: \_\_\_\_\_

**This personal information will be removed:**

- Name (If provided)
- Social Security Number (If provided)
- Day and Month of Birth (If provided)
- Phone Number (If provided)
- Address (besides zip code)

**This personal information will remain in the system for non DV clients:**

- Your year-of-birth (e.g. 01/01/xxxx), gender and race
- A client identifier will be generated for staff use
- Zip code of last permanent address

**This personal information will remain in the system for DV clients:**

- Approximate year of birth, gender
- A client identifier for staff use not generated from client identifiers.

**By signing this, I am showing I understand that:**

- The purpose of sharing information in HMIS is to help improve the services I receive, and for the community as a whole.
- The agency serving me is required to participate in the HMIS to receive funding.
- The Agency may not deny me service if I do not give them permission to maintain my data in the HMIS or share it with other agencies.
- I am entitled to receive a copy of this completed form from this agency. At any time I may request this agency verify that my identified information has been removed from the Safe Harbors Homeless Management Information System.

Client Signature (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Agency Staff Name: \_\_\_\_\_