

### HMIS Client Revocation of Consent

I revoke my permission for \_\_\_\_\_ (Agency) to have or enter personally identifying information about me and/or my dependent children under age 18 in the Contra Costa County Homeless Management Information System (HMIS).

Identifying information to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- My First and Last Name
- My Social Security Number
- My Day and Month of Birth
- My Last Permanent Address
- My Phone Number
- My Ethnicity
- My Race
- My Driver's license number
- My Medical Record number
- My Gender

If Applicable: Identifying information of minor children to be removed from the system:

(Please check any of the information below to be removed from HMIS)

Insert child's/children's name(s):

- Child's First and Last Name \_\_\_\_\_
- Child's Social Security Number \_\_\_\_\_
- Child's Day and Month of Birth \_\_\_\_\_
- Child's Last Permanent Address \_\_\_\_\_
- Child's Phone Number \_\_\_\_\_
- Child's Ethnicity/ Race \_\_\_\_\_
- Child's Gender \_\_\_\_\_
- Child's Medical Record Number \_\_\_\_\_

All non-identifying information will remain in the system:

Education, Year of Birth, Program, Entry/Exit Answers, Any other non-identifying information

I understand that I will continue to receive the same services from this agency whether I allow them to enter identifying personal information about me into the HMIS or not.

\_\_\_\_\_  
Client Signature (or Parent/Guardian)                      Date                      Relationship to Client

\_\_\_\_\_  
Client Print Name (Print clearly)

\_\_\_\_\_  
Agency Witness Signature                      Date

\_\_\_\_\_  
Agency Staff Print Name (Print clearly)

**FOR AGENCY STAFF ONLY:** Please enter *HMIS Client Unique ID* once client completes all above fields and provides signature. Once complete, securely email this form to [H3REDteam@cchealth.org](mailto:H3REDteam@cchealth.org). \_\_\_\_\_  
*HMIS Client Unique ID*