

Stanislaus County HMIS

Client Revocation of HMIS Consent

I hereby revoke permission for this partner agency in the Stanislaus Housing and Support Services Collaborative to share my personal information and information regarding my family in the Stanislaus County Homeless Management Information System (HMIS). I understand that my information will remain in Stanislaus County HMIS as part of the non-identifying data collected on homeless services provided through the Stanislaus Housing and Support Services Collaborative.

I understand that this revocation will become effective immediately upon receipt of my signature and I will continue to receive services.

Client Name (*Please Print*)

Client Signature

Date

Executed at:

Name of Partner Agency

Date

Agency Personnel Name (*Please Print*)

Agency Personnel Signature