

# Client Denial of HMIS Consent

(Please Choose and Check One of the Following Boxes)

**Very limited personal information may be entered:**

I give \_\_\_\_\_ (Agency Name) **permission to enter only the following very limited personal information** into the Stanislaus County HMIS data base.

In the System:

- Last 4 digits of Social Security Number (if provided)
- Gender (if provided)
- Date of Birth (if provided)

Not in the System:

- Name (if provided)
- Social Security Number (if provided)
- Last Permanent Address (if provided)
- Phone Number (if provided)

**No personal information may be entered:**

I do not give \_\_\_\_\_ (Agency Name) **permission to enter any identified personal information** about me in to the Stanislaus County HMIS data base. This also means that I **do not give permission to this agency to share** any information about me in the Stanislaus County HMIS data base.

In the System:

- No Personal Information

Not in the System:

- Name (if provided)
- Social Security Number (if provided)
- Gender (if provided)
- Day, Month, and Year of Birth (if provided)
- Last Permanent Address (if provided)
- Phone Number (if provided)

I understand that I will be able to get the same services from this agency whether I allow them to enter identified person information about me into the Stanislaus County HMIS or not.

\_\_\_\_\_  
*Client or Guardian Signature*

\_\_\_\_\_  
*Relationship to Client*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Client or Guardian Name*

\_\_\_\_\_  
*Agency Witness Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*