

Client Revocation of Consent

Spokane Regional CoC

I revoke my permission for _____ (agency) to have or enter **personally identifying information** about me in the HMIS.

Identifying information will be removed from the system:

Removed from the System

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

(Please identify any of the above information that will remain in the system.)

All non-identifying information will remain:

In the System

- Gender
- Year of Birth
- Any other non-identifying information

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

Client or Guardian Signature

Date

Relationship to Client

Print Name

Agency Witness Signature

Date

Print Name