Stanislaus County HMIS

Client Revocation of HMIS Consent

I hereby revoke permission for this partner agency in the Stanislaus Community System of Care 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 Community System of Care 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