



Homeless Management Information System (HMIS)

Sacramento/Yolo County Continuum of Care
Homeless Management Information System (HMIS)

Consumer Revocation of Consent to Release Information

I, (print consumer's name) _____, hereby revoke permission to share my family and mine personal information in the Sacramento/Yolo Continuum of Care (CoC) HMIS. I understand that my information will remain in Sacramento and Yolo CoC Homeless Management Information System (HMIS) as part of the non-identifying data collected on homeless services provided by the Continuum of Care.

I understand that information that has already been entered remains in the system. By canceling my agreement for participation in the Sacramento and Yolo CoC HMIS my personal information that has been saved will be restricted.

I further understand that any information entered and/or shared under my previously agreed-to consent will continue to be shared and that this Client Revocation of Consent applies to any information entered into the system from this day forward.

I also understand that the disclosure of my non-identifying information may be required in some instances, such as for the reporting of aggregate numbers to Sacramento and Yolo CoC HMIS Collaborative and to agencies that provide funding to this agency.

Sacramento and Yolo CoC HMIS and this agency are hereby released from any legal responsibility or liability for the release, use or disclosure of information I authorized previously.

I understand that this revocation will become effective immediately upon receipt of my signature below.

Consumer's Signature

Date

Agency Personnel Name (print)

Agency Personnel Signature

Date