

San Diego County CoC Homeless Management Information System (HMIS)
Client Revocation of Authorization to Release Information

I, _____, hereby revoke permission for this agency to share my personal information in the San Diego County CoC Homeless Management Information System (HMIS) and also revoke my permission to share my data to the Community Information Exchange (CIE).

I understand that my information will remain in HMIS as part of the non-identifying data collected on homeless services provided by the San Diego County Continuum of Care (CoC) and I understand that my information will only be used according to the procedures outlined in the RTFH's HMIS Notice of Privacy Practices document. I understand that information that has already been entered will remain in the system. By canceling my agreement for sharing information within the HMIS, my personal information that has been saved will be restricted.

I further understand that this revocation of data sharing only applies to information within the HMIS. Any information which was shared or retained outside of HMIS is not affected by this revocation. By signing, I acknowledge and understand that this Client Revocation of Consent to Release Information applies only to the sharing of information within the HMIS from this day forward.

I also understand that the disclosure of my non-identifying information may be required in some instances which are outlined in the RTFH's HMIS Notice of Privacy Practices document.

The San Diego County CoC HMIS Lead Agency and this agency are hereby released from any legal responsibility or liability for the release, use or disclosure of information I previously authorized.

Client Name	Date of Birth	Social Security Number
Client Signature	Date	
Agency Staff	Agency Staff Signature	
Agency Name	Date	