

Client Revocation of HMIS Consent

I revoke my permission for _____ (agency) to have or enter my identified personal information in the Snohomish County HMIS computer system. This also means that I do not give permission to this agency to share any of my information in the Snohomish County HMIS computer system.

<input type="checkbox"/> No personal information may remain:	
<u>In the System:</u> (no identified information)	<u>Not in the System:</u> <ul style="list-style-type: none">• Gender (if provided)• Name (if provided)• Social Security Number (if provided)• Last Permanent Address (if provided)• Phone Number (if provided)• Date of Birth (if provided)

I understand that the same services will be available to me whether or not I allow this agency to enter my identified personal information into the Snohomish County HMIS.

_____ Client or Guardian Signature	_____ Date	_____ Relationship to Client
_____ Print Name	_____	
_____ Agency Witness Signature	_____ Date	
_____ Print Name	_____	