

Client Revocation of Consent

I revoke my permission to share personally identifying information about me and/or my dependent children under age 18 in the King County Homeless Management Information System (HMIS).

Identifying information to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- My First and Last Name
- My Social Security Number
- My Day and Month of Birth
- My Last Permanent Address
- My Phone Number
- My Ethnicity
- My Race

If Applicable: Identifying information of minor children to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- Child's First and Last Name
- Child's Social Security Number
- Child's Day and Month of Birth
- Child's Last Permanent Address
- Child's Phone Number
- Child's Ethnicity
- Child's Race

Insert child/children's name(s):

All non-identifying information will remain in the system:

- Gender
- Year of Birth
- Any other non-identifying information
- Education
- Program Entry/Exit Answers

I understand that I will continue to receive the same services from HMIS-participating agencies, whether I allow them to enter identifying personal information about me into the HMIS or not.

Client Signature (Parent/Guardian)

Date

Relationship to Client

Printed Name of Client (Please Print Clearly)

Agency Witness Signature

Date

Printed Name of Agency Witness