

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).

Personally identifying information for all adults and children in the household will be removed from HMIS, including:

- My First and Last Name
- My Social Security Number
- My Day and Month of Birth
- Contact Information

All non-identifying information will remain in the system:

- Gender
- Estimated 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. I understand that if I have completed the Coordinated Entry for All (CEA) Housing Triage Tool that information will be shared with Partner Agencies for the purpose of coordinating a housing or service referral. Partner Agencies receiving a housing or service referral from CEA will be provided my name and contact information for this purpose.

Client Signature (Parent/Guardian)

Date

Relationship to Client

Printed Name of Client (Please Print Clearly)

Agency Witness Signature

Date

Printed Name of Agency Witness