

I revoke my permission for \_\_\_\_\_ (agency) to have or enter **personally identifying information** about me in the HMIS.

**Identifying information will be removed from the system:**

Removed from the System

- Name *(if provided)*
- Social Security Number *(if provided)*
- Day and Month of Birth *(if provided)*
- Last Permanent Address *(if provided)*
- Phone Number *(if provided)*

(Please identify any of the above information that will remain in the system.)

**All non-identifying information will remain:**

In the System

- Gender
- Year of Birth
- Any other non-identifying information

I understand that I will be able to get the same services from this agency whether I allow them to enter identifying personal information about me into the HMIS or not.

\_\_\_\_\_  
**Client or Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Client**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Agency Witness Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**