



Ventura County
Homeless Management Information System (HMIS)

Client Revocation of Consent to Release Information

I, _____ hereby revoke permission for this agency to share my personal information in the Ventura County HMIS. I understand that my information will remain in the Ventura County HMIS as part of the non-identifying data collected on homeless services provided by the Continuum of Care.

I understand that information that has already been entered remains in the system. By canceling my agreement for participation in the Ventura County HMIS my personal information that has been saved will be restricted.

I further understand that any information entered and/or shared under my previously agreed-to consent will continue to be shared and that this Client Revocation of Consent applies to any information entered into the system from this day forward.

I also understand that the disclosure of my non-identifying information may be required in some instances, such as for the reporting of aggregate numbers to the Ventura County HMIS and Ventura County Continuum of Care and to agencies that provide funding to this agency.

The Ventura County HMIS and Continuum of Care are hereby released from any legal responsibility or liability for the release, use or disclosure of information I authorized previously.

Agency Name: _____

Agency Representative: _____

Phone Number: _____

Client's Full Name: _____

SSN / Client's ID Number: _____

Client Signature

Date