Alameda County Health
Housing and Homelessness Services

Homeless Management Information System (HMIS)
Alameda County Continuum of Care (CoC)

Client Revocation of Consent to Release Information Form

Client Name: _____
Date of Birth: _____ **Social Security Number**: _____
Minor Children (if any):
Client Name: _____ **DOB**: _____ **SSN**: _____
Client Name: _____ **DOB**: _____ **SSN**: _____
Client Name: _____ **DOB**: _____ **SSN**: _____
Client Name: _____ **DOB**: _____ **SSN**: _____

By signing below, I revoke my consent to share my Personally Identifiable Information (PII) in the Alameda County HMIS. I understand my non-identifiable aggregate data will remain in the Alameda County HMIS and be accessible by organizations within the Alameda County HMIS umbrella (Alameda County HMIS - Participating Agencies).

I understand that any information entered and/ or shared under my previously agreed-to Release of Information (ROI) will continue to be shared and that this new Revocation of Consent to Release Information applies to any information entered into the system from the time of signing. I understand that this revocation will become effective immediately upon receipt of my signature below.

Alameda County and Alameda County HMIS are released from any legal responsibility or liability for the release, use or disclosure of information I authorized previously.

Client's Signature: _____ **Date**: _____

If signed by Client's Legal Representative, please give the following information for the representative:
Name: _____
Relationship: _____
Authority: _____