

**ORANGE COUNTY CONTINUUM OF CARE
HOMELESS MANAGEMENT INFORMATION SYSTEM**

CLIENT REVOCATION OF CONSENT FORM

By signing below, I revoke my consent to share my Protected Personal Information (PPI) in the OC HMIS.

I understand that this revocation authorizes the removal of my PPI from the shared HMIS database and will prevent further PPI from being added. I understand that the PPI that I previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided me with direct services.

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Signature _____ Date _____

Head of Household (Check here)

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date: