| BostonHMIS |  |
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| **Client Revocation of Consent to Release Information Form** |
| **Boston Homeless Management Information System** |
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Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name) hereby revoke permission given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency) to share my personal information contained in the BostonHMIS. My original consent to release information dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is now null and void. I understand that any and all information previously shared with the agency (ies) listed in my original consent will not be affected by this revocation of consent. I also understand that my information will remain in the BostonHMIS as data collected on homeless services provided in the City of Boston.

I understand that this revocation will become effective immediately upon receipt of my signature.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship if minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_