



**Watsonville/Santa Cruz City & County Continuum of Care (CoC)  
HMIS Client Revocation of Consent to Release Information**

I, \_\_\_\_\_, hereby revoke permission for this agency to share my personal information in the Watsonville/Santa Cruz CoC HMIS. I understand that my information will remain in HMIS as part of the non-identifying data collected on services provided within the CoC.

I understand that information that has already been entered remains in the system. By canceling my agreement for participation in 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 only 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 entities that provide funding to this agency.

HMIS and this agency 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 HMIS ID Number: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



This form can be submitted electronically via DocuSign (click [here](#)), by secure email to [santacruz@bitfocus.com](mailto:santacruz@bitfocus.com), or mailed or delivered in person at:

Housing for Health Partnership HMIS  
County of Santa Cruz Human Services Housing for Health Division  
1000 Emeline Ave., Santa Cruz, Ca 95060