

HMIS CLIENT CONSENT FORM

Revocation of Consent Form

By signing this form, you revoke your authorization for this agency and Strategies to End Homelessness to share basic data about yourself and your household (if applicable). You understand that by revoking your consent to share information you will not lose or be denied any benefits or services.

If you have any questions or you feel your information has been misused in any way you can contact the Cincinnati / Hamilton County HMIS Support team at 513-263-2780.

Signature:

Client Signature

Date

Printed Name

Agency Witness

Date