

**Nevada Homeless Management Information System
Client Revocation of Consent to Release Information**

I hereby revoke permission for the partner agencies in the State of Nevada Homeless Management Information System to share my personal information regarding my family or myself in the Homeless Management Information System (HMIS). I understand that my information will remain in HMIS as part of the non-identifying data collected on homeless services provided by the Continuum of Care, but that my personal and family information will no longer be available to any partner agency.

Client Name (please print)

Client Signature

Date

Client HMIS Number (unique ID#)

Executed At:

Name of Partner Agency

Agency Personnel (print)

Agency Personnel Signature

Date

Comments:

(Comments and ideas from clients and caseworkers are encouraged)



Return completed form to support@bitfocus.com or contact 702-614-6690 ext.2 for assistance.