



Miner – Homeless Management Information System

Client Revocation of Consent to Release Information

I hereby revoke permission for the partner agencies in the Nevada Continuum of Care to share my personal information regarding my family 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 (SSN)

Executed At:

Name of Partner Agency

Agency Personnel (print)

Agency Personnel Signature

Date

Comments:

(Comments and ideas from clients and case workers are encouraged):