

**GREATER LOS ANGELES
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA HMIS)**

REVOCAION OF CONSENT

By signing below, I revoke my consent to share my Protected Personal Information (PPI) in the LA HMIS. I understand that each Participating Organization that entered information into HMIS will continue to have access to that information, but the information will no longer be available to any other Participating Organization.

Please provide this form to any Participating Organization that may have entered your PPI into the LA HMIS.

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Signature _____ Date _____

- Check here and fill out the information below if you are requesting that this revocation of consent applies to your dependent(s).

Please note: Each consenting adult must fill out a separate Revocation of Consent form.

Client Name: _____ DOB: _____ Last 4 digits of SS _____

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Client Name: _____ DOB: _____ Last 4 digits of SS _____

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date