

**ORANGE COUNTY CONTINUUM OF CARE  
HOMELESS MANAGEMENT INFORMATION SYSTEM**

**CLIENT REVOCATION OF CONSENT FORM**

By signing below, I revoke my consent to share my Protected Personal Information (PPI) in the OC HMIS.

I understand that this revocation authorizes the removal of my PPI from the shared HMIS database and will prevent further PPI from being added. I understand that the PPI that I previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided me with direct services.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Head of Household (Check here)**

**Minor Children (if any):**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Organization**

\_\_\_\_\_  
**Print Name of Organization Staff**

\_\_\_\_\_  
**Signature of Organization Staff**

\_\_\_\_\_  
**Date**