

Cambridge HMIS

Revocation of Consent Form

By signing this form, you revoke your authorization for this agency and the Cambridge Continuum of Care to share basic data about yourself and your household (if applicable).

You understand that your information will remain in HMIS as part of the non-identifying data collected on homeless services provided by the Cambridge Continuum of Care (CoC) and you understand that your information will only be used according to the procedures outlined in the Cambridge HMIS Privacy Notice document. You understand that information that has already been entered will remain in the system. By canceling your agreement for sharing information within the Cambridge HMIS, your personal information that has been saved will be restricted. You further understand that this revocation of data sharing only applies to information within the HMIS. Any information which was shared or retained outside of HMIS is not affected by this revocation. By signing, you acknowledge and understand that this Client Revocation of Consent to Release Information applies only to the sharing of information within the HMIS from this day forward.

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 Cambridge HMIS Support staff at 617-349-6966.

Signature:

Client Printed Name

DOB

Date

Client Signature

Agency Witness

Printed Agency Staff Name/Name of Agency