



**NW Social Service Connections' HMIS/CMIS Client Consent
Client Revocation of Consent for Data Sharing in Multnomah County**

I hereby revoke permission for this partner agency in NWSSC HMIS/CMIS to share my personal information and information regarding my family in the NWSSC HMIS/CMIS. I understand that information about me already in the database will remain in the system and that revoking my authorization will not change information that has already been given out or actions already taken, but the revocation will be effective as of that date.

I understand that this revocation will become effective upon receipt of my signature.

Client Name <i>(please print)</i>	Client Signature	Date
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Client Name <i>(please print)</i>	Client Signature	Date
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Names and DOB of minor children for whom I am parent or guardian and am revoking permission to share information.

Guardian Name, if required <i>(please print)</i>	Guardian Signature (if required)	Date
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Executed at:

Name of Partner Agency

Agency Personnel Name <i>(please print)</i>	Agency Personnel Signature	Date
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