

Georgia Homeless Management Information System (GA HMIS) Collaborative Client Data Sharing Opt-Out Form

I hereby revoke access for GA HMIS participating organizations to share the information entered in the GA HMIS about me and my family. By signing this form, I understand that agencies will not be able to access and share my information unless I indicate otherwise in the future. I further understand that this opt-out option does not affect disclosures already made and will not result in the removal of historical information collected about me.

Client/ Legal Guardian Name (Please Print): _____ **DOB:** _____ **Last 4 digits of SS** _____

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** _____

SIGNATURE AND ACKNOWLEDGEMENT

Your signature indicates that you have read (or been read) this form and have received answers to your questions.

Signature _____ **Date** _____

For Agency Personnel Use Only:

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date