

# Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Revocation Form

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I hereby, revoke access for GA HMIS participating organizations to share the information entered into 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 revocation does not affect disclosures already made and will not result in the removal of historical information collected about me.

## **SIGNATURE AND ACKNOWLEDGEMENT**

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

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

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

### **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** \_\_\_\_\_

*For Agency Personnel Use Only:*

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

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

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

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