



CLIENT REVOCATION OF CONSENT TO RELEASE INFORMATION FOR REFERRALS

I hereby revoke permission, which was originally granted in the Client Release of Information form signed

_____, for _____
(Date) (Agency Name)

to share specified client information in the Amarillo Homeless Management Information System (AHMIS) about my family and me for the purposes of providing referrals to participating agencies. This revocation does not affect disclosures already made.

Client Name (please print)

Client Signature

Date

If Client is a dependent or is unable to provide consent:

Legal Guardian Name (please print)

Legal Guardian Signature

Date

Agency Personnel Name (please print)

Agency Personnel Signature

Date

Agency Name