



**Client Revocation of
Release of Information Consent Form**
TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

1 Client Name: _____ HMIS ETO Client ID#: _____

2 I, _____ (*Client name*) hereby revoke permission given to _____ (*Agency name*) to share my personal information contained in the TCHC CoC HMIS "ETO" System.

My original consent to release information dated 3 ____/____/____ is now null and void. I understand that any and all information previously shared with the agency (ies) listed in my original consent will not be affected by this revocation of consent. I also understand that my information will remain in the TCHC CoC HMIS "ETO" System as data collected on homeless services provided.

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

4 Signature _____

Date _____

Relationship if minor _____

Witness Name (print) _____

Witness Signature _____

Date _____