I hereby opt-out and/or revoke permission for [Agency Name] to share my personal and household information with other agencies in the DuPage County Homeless Management Information System (HMIS). I understand that by refusing to share my information with other agencies, I may be limiting my options for service coordination. I also understand that any information entered in HMIS prior to submission of this form will continue to be shared as described in the Privacy Notice.

However, all information that I provide will remain in the HMIS for the purposes disclosed in the Privacy Notice. This information will be accessible to the HMIS system administrators and disclosure may still occur in accordance with the Privacy Notice. The Privacy Notice is available to me upon request.

Members of this household whose information is not to be shared:

|  |  |
| --- | --- |
| Name | HMIS Number |
|  |  |
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Name of Client or Guardian Signature of Client or Guardian Date

To be filled out by Agency:

\_\_\_ I certify that I followed the necessary steps to ensure the client’s HMIS profile was set up correctly

OR

\_\_\_ I contacted the DuPage County HMIS Help Desk to request set up of the client’s HMIS profile.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Staff Name Signature Date