

Stanislaus County HMIS Client Denial of HMIS Consent

(Please Choose and Check One of the Following Boxes)

Very limited personal information may be entered:

I give _____ (Agency Name) **permission to enter only the following very limited personal information** into the Stanislaus County HMIS data base.

In the System:

- Last 4 digits of Social Security Number *(if provided)*
- Gender *(if provided)*
- Date of Birth *(if provided)*

Not in the System:

- Name *(if provided)*
- Social Security Number *(if provided)*
- Last Permanent Address *(if provided)*
- Phone Number *(if provided)*

No personal information may be entered:

I do not give _____ (Agency Name) **permission to enter any identified personal information** about me in to the Stanislaus County HMIS data base. This also means that I **do not give permission to this agency to share** any information about me in the Stanislaus County HMIS data base.

In the System:

- No Personal Information

Not in the System:

- Name *(if provided)*
- Social Security Number *(if provided)*
- Gender *(if provided)*
- Day, Month, and Year of Birth *(if provided)*
- Last Permanent Address *(if provided)*
- Phone Number *(if provided)*

I understand that I will be able to get the same services from this agency whether I allow them to enter identified person information about me into the Stanislaus County HMIS or not.

Client or Guardian Signature

Relationship to Client

Date

Print Client or Guardian Name

Agency Witness Signature

Print Name

Date