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Homeless Management System (HMIS) Withdrawal of Authorization

I, _____, hereby withdraw my permission to (Name of Agency) _____ to release, use, or disclose any information collected for additional studies/reporting purposes to collect data by HMIS. (Name of Agency) _____ Has the right to speak to me about my decision in this matter if they feel it is not in my best interest.

By canceling my agreement for participation in HMIS, I understand that my information previously collected will not be included in the HMIS study.

I further understand that any disclosures made in good faith may have already occurred in reliance upon my previously issued permission and that this cancellation cannot apply to such disclosures that may have already occurred.

I also understand that the disclosure of my information may continue as used by (Name of Agency) _____ for reporting purposes as required by funding sources.

From this point forward, our agency will indicate my decision to withdraw from the study/reporting, and my information will not be used in the HMIS study's future reports or statistics.

Based on the policies of this agency:

- The agency may additionally decide to hide my identifying information.
- The agency can access my information as well as collect and record new information in order to provide me services, as well as help the agency operationally, and report to its funders.

ESG HMIS and (Name of Agency) _____ are hereby released from any legal responsibility or liability for the release, use or disclosure of information I authorized previously.

Signature of Client or Guardian

Date

Signature of Agency Witness

Date