



Palm Beach County Continuum of Care
 Revocation of CMIS Consent and Release of
 Information Form



CMIS Revocation of Client Consent Form

By signing this form, I, Client Name, revoke my authorization for Agency Name and the CMIS network to share any data collected from this date forward about myself and my household members (listed below).

Family Member's
Names:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

I understand that revoking my consent to share information will not serve as the sole basis to lose or be denied any benefits or services.

Client Signature

Date

Agency Witness Signature

Date