Austin/ Travis County HMIS ServicePoint
Client Release of Information Cancellation Form

I, *(Client Name)* _____, hereby cancel my Austin/Travis County Data Sharing Policy and Release of Information ("Austin/Travis County HMIS RoI") completed with *(Agency Name)* _____ dated _____ regarding my permission to share my information in the Austin/Travis County HMIS ServicePoint system.

I understand that this request to cancel my Austin/Travis HMIS RoI applies to all my information stored in the Austin Travis County HMIS ServicePoint System. I also understand that I need to complete a new Austin/Travis County HMIS RoI to document my current sharing permissions.

Optional Question: The reason I am cancelling my HMIS RoI is:

_____

_____ _____
Client (or guardian) Signature Date

_____ _____
Signature of Agency Personnel Date

Agency Administrator Use Only:

The Ending Community Homelessness Coalition has been informed of this change. The request to cancel the client's Data Sharing Policy and Release of Information has been activated as of _____ (Date) and will be uploaded into the Austin/Travis County HMIS ServicePoint System.

_____
Agency Administrator Date