

Texas Balance of State HMIS

Client Release of Information Cancellation Form

I, *(Client Name)* _____, hereby cancel my Texas Balance of State Homeless Management Information System Release of Information ("TX BoS HMIS ROI") completed with *(Agency Name)* _____ dated _____ regarding my permission to share my information within the Texas Balance of State HMIS.

I understand that this request to cancel my TX BoS HMIS ROI does not mean that my information will be deleted from the system. I understand that my information will become restricted and unavailable to any agency other than the one which collected my information. I understand that this applies to all my information stored in the TX BoS HMIS. I understand that I will need to complete a new TX BoS HMIS ROI form in the event I decide to change my ROI again.

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

Client or Guardian Signature

Date

Agency Personnel Signature

Date