



HIFIS & BY-NAME LIST WITHDRAWAL OF CONSENT FORM

Client First Name: _____ Client Last Name: _____

HIFIS File Number: _____ Agency Name: _____

Name of Witnessing Staff: _____

By agreeing to the contents of this form, the client understands that they are withdrawing consent to further entry and disclosure of their personal information in HIFIS. The client acknowledges and understands the following:

- Information already in HIFIS will remain in the system, but no further personal information about the client will be entered for the shared system. Only the client’s name, gender, and date of birth will be visible in HIFIS to staff at participating agencies.
- The client’s name and information will be removed from the By-Name List.
- Withdrawal by a client also applies to the client’s dependents who previously accessed services with them, provided the dependent has not since consented on their own behalf as a person sixteen years of age or older;
- Withdrawal of consent does not affect the uses and disclosures of personal information collected by HIFIS where the uses and disclosure are permitted or required by law without the client’s consent.
- The client may not be eligible to participate in some programs and services as a result of withdrawing their consent, although they will still have access to immediate emergency services.
- Withdrawal of consent will be effective as soon as this form is received and processed.

WRITTEN WITHDRAWAL (collect whenever possible):

Client Signature: _____ Date: _____

VERBAL WITHDRAWAL ONLY (collect if client refuses or is unable to sign this form):

By witnessing below, the signatory confirms that the contents of this form have been read to the withdrawing client, and that the client has verbally requested to withdraw their consent.

Witnessing Staff Signature: _____ Date: _____

