GetHelpOC™

Client Revocation of Consent Form

By signing below, I revoke my consent to share my Protected Personal Information (PPI) in GetHelpOC™. I understand that this revocation authorizes the removal of my PPI from the shared GetHelpOC™ database and will prevent further PPI from being shared. I understand that the PPI that I previously authorized to be shared cannot be entirely removed from the GetHelpOC™ database and will remain accessible to the limited number of organization(s) that provided me with direct services.

All Client Revocation of Consent Form must be emailed to revoke@211oc.org

Client Name: _____   DOB: _____   Last 4 digits of SSN/PIN _____

Signature _____   Date _____

Head of Household (Check here) ☐

Minor Children (if any):

Client Name: _____   DOB: _____   Last 4 digits of SS _____

Client Name: _____   DOB: _____   Last 4 digits of SS _____

Client Name: _____   DOB: _____   Last 4 digits of SS _____

Client Name: _____   DOB: _____   Last 4 digits of SS _____

_____   _____
Print Name of Organization   **Print Name of Organization Staff**

_____   _____
Signature of Organization Staff   **Date**