



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 Forms must be emailed to revoke@211oc.org

Client First Name: _____ Client Last Name: _____

Date of Birth: _____ Last 4 Digits of SSN/PIN: _____

Signature: _____ Date: _____

Are you the head of household? YES NO

Minor Children (if any):

Child Name: _____ Date of Birth: _____ Last 4 Digits of SSN: _____

Child Name: _____ Date of Birth: _____ Last 4 Digits of SSN: _____

Child Name: _____ Date of Birth: _____ Last 4 Digits of SSN: _____

Child Name: _____ Date of Birth: _____ Last 4 Digits of SSN: _____

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date