



## Client Revocation of Consent

### CaseWorthy Client Information Sharing System

I hereby revoke permission for the partner agencies in the Continuum of Care to share my personal information and information regarding me and/or my family members in the CaseWorthy Client Information Sharing System.

**Identifying information will be removed from the system (check all that apply):**

- Name
- Social Security Number
- Day and Month of Birth
- Last Permanent Address
- Phone Number

**Non-identifying information will remain (check all that apply):**

- Gender
- Year of Birth
- Any other non-identifying information

Client Name: \_\_\_\_\_

Client Signature \_\_\_\_\_

(Parent or Guardian, if minor & relationship)

Date \_\_\_\_\_

Executed at:

Name of Partner Agency \_\_\_\_\_

Agency Witness Name \_\_\_\_\_

Agency Witness Signature \_\_\_\_\_

Date -----