

Limited Visibility Request

Client Name _____ Date of Birth _____
Head of Household
Project/Provider Name in WellSky _____ Provider ID _____
Date of Enrollment Intake Assessment _____ Agency Name _____

I do not want my information that I provided to this agency to be shared with other agencies using the computer database system called WellSky Community Services (formerly called ServicePoint).

I understand that this request may reduce my access to some services, including housing.

I understand that Veterans eligible for Supportive Services for Veteran Families (SSVF) projects are required to share Personally Identifying and Program Enrollment Information.

I understand that I can change my decision to share my information at any time. Information already shared cannot be taken back or revoked.

I do not want this **Program Enrollment Information** to be shared.

- to all other Agencies; or
 to a specific Agency: _____
Agency Name

List all dependents in the household that are included in this request.

Name	Age	Name	Age

Sign

Client (Head of Household) Signature

Date

Yes No

Printed Name of Intake Worker/Agency Staff

Privacy Script read/provided?

Signature of Intake Worker/Agency Staff

Date

Staff Notes to Agency Administrator

Is there a safety issue for this client? Yes No

Explain:

Instructions: Submit with Entry/Exit Intake Assessments to HMIS Agency Admin

