

CONSENT FOR HOME VISIT

BENEFICIARY NAME:

ADDRESS:

By this document, I hereby consent to have State/Federal health survey personnel conduct a home visit to ensure that the Federal requirements are met and to assist in evaluating the effectiveness and quality of home health services that I receive from the _____.

(Name of Home Health Agency)

I understand that consent for this visit is voluntary and none of my rights to confidentiality or privacy are waived by my consent. I have been told and I understand that refusal to consent to a home health visit will have no effect on the level or nature of Medicare/Medicaid benefits to which I am entitled.

BENEFICIARY, OR REPRESENTATIVE OF THE BENEFICIARY, SIGNATURE:

DATE: