CENTERS FOR MEDICARE & MEDICAID SERVICES CONSE	CONSENT FOR HOME VISIT	
BENEFICIARY NAME: AD	ADDRESS:	
By this document, I hereby consent to have State/Federal health survey personnel conduct a home visit 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	tate/Federal health survey personnel condu and to assist in evaluating the effectivenes (Name of Home Health Agency)	onnel conduct a home visit to effectiveness and quality of ealth 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.	itary and none of my rights to co understand that refusal to cons are/Medicaid benefits to which I	onfidentiality or privacy are ent to a home health visit will am entitled.
BENEFICIARY, OR REPRESENTATIVE OF THE BENEFICIARY, SIGNATURE:	EFICIARY, SIGNATURE:	DATE: