



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Consent for Home Visits

This consent statement allows New York State Department of Health, Home Care survey staff to make a home visit as part of a survey or complaint investigation. I understand that my participation is voluntary and that a refusal will not affect future delivery of services. I agree to answer truthfully the questions the surveyor asks and understand that all information provided will be kept confidential.

Name of Agency

Name of Patient

Address of Agency

Surveyor's Name & Title

Patient's Signature

Date

If patient is unable to sign (child or disabled), significant other may sign and note relationship.