



# 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.