

## Personal Care Agency Client Consent to Home Visit

### Client information

Name – Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### Client consent to home visit

By this document, I hereby consent to have State of Wisconsin survey personnel conduct a home visit to ensure that the State requirements for the provision of personal care are met and to assist in evaluating the effectiveness and quality of personal care services that I receive from:

Name – Personal care agency: \_\_\_\_\_

Location – City: \_\_\_\_\_

### Client attestation to client rights

I understand that consent for this visit is voluntary and that 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 visit will have no effect on the level or nature of Medicaid benefits to which I am entitled.

**Signature** — Client or legal representative of client: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Signature** — Surveyor: \_\_\_\_\_

Date signed: \_\_\_\_\_