

# Consent for Home Visit

## STATE EVALUATION: HOME CARE PROVIDERS (144A)

The Minnesota Department of Health (MDH) is reviewing the license of your home care provider. MDH needs to know if your home care provider is following all the requirements. As a part of the review, MDH talks to clients who get home care services. We would like to talk with you about the home care services you get. This helps us decide if the services are:

- Helpful
- What you expect
- Provided with respect
- Provided in the way required by Minnesota's law

If you agree to be interviewed, review the following statements and sign below.

- I agree to talk to a nurse from the Minnesota Department of Health about the home care services I get. The nurse from MDH will talk to me in person in my home unless I ask for a different place or way to talk to them.
- I understand that I do not need to agree to talk to MDH. If I don't talk to MDH, it does not affect my home care services.
- I understand I am not legally required to provide any information about myself. I understand that my name, address and telephone number are private information, which will be disclosed only to certain MDH employees and, in rare situations, employees of the Attorney General or Office of Administrative Hearings.

### Client or Client's Representative:

Client/representative signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

### MDH use only:

Verbal consent obtained from: \_\_\_\_\_

Relationship to client (if not client): \_\_\_\_\_

Reason verbal consent obtained: \_\_\_\_\_

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

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To obtain this information in a different format, call: 651-201-4200.