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**CONSENT FOR HOME VISIT FOR PACE SERVICES EVALUATION**

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BENEFICIARY NAME:

ADDRESS:

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By this document, I hereby consent to have State/Federal health survey personnel conduct a home visit to 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 \_\_\_\_\_.  
*(Name of PACE Organization)*

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 PACE benefits I am currently receiving.

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BENEFICIARY, OR REPRESENTATIVE OF THE BENEFICIARY, SIGNATURE:

DATE: