

EXHIBIT 128

MODEL CONSENT FOR HOSPICE HOME VISIT FORM

BENEFICIARY NAME

ADDRESS

By this document, I hereby consent to have State/Federal survey personnel visit me at home to ensure that Federal requirements are met and to evaluate the effectiveness and quality of the hospice services provided by **(name of hospice)**.

I understand that consent for this visit is voluntary and that my rights to confidentiality or privacy are not waived by my consent.

I also understand that refusal to consent to a home visit or refusal to permit entry into my home, if previous consent was given, will have no effect on the level or nature of the Medicare/Medicaid benefits to which I am entitled.

Beneficiary (or Representative of the Beneficiary) Signature / Date

State/Federal Representative Signature / Date

Copy Designations

File Copy
Hospice Copy
Patient Copy