

[SAMPLE MEMBER's] home health care agency may want to review your answers so that they can decide how to address any concerns that you have. We will not share your answers to this survey linked to your name or [SAMPLE MEMBER'S NAME] unless you give your permission for this information to be shared with [SAMPLE MEMBER's] home health agency.

Q35. Do you give your permission to share your survey responses linked to [SAMPLE MEMBER'S NAME] to [HOME HEALTH AGENCY NAME]?

¹ Yes

² No