

Your 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 unless you give your permission for this information to be shared with your home health agency.

**Q35.** Do you give your permission to provide your answers to this survey linked to your name to your home health agency?

- <sup>1</sup> ☐ Yes, I give my permission to share my name and survey responses with my home health care agency.
- <sup>2</sup> ☐ No, I do not give permission to share my name and survey responses with my home health care agency.