Home Health Care CAHPS Survey
HHA Survey Administrator Consent Form

The individual within the home health agency who completes this form will be considered the Home Health Care CAHPS Survey Administrator for that Agency. This form must be signed and dated in the presence of a notary public, notarized, and mailed to:

ATTN: Vanessa Thornburg
Home Health Care CAHPS Survey
RTI International
3040 Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709

I, _____ (Print Administrator name), acknowledge and accept the role and all of the responsibilities of the Home Health Care CAHPS Survey Administrator for _____ (Print Name of HHA). In this role I will be responsible for:

- Registering as the Home Health Care CAHPS Survey Administrator on the Home Health Care CAHPS Survey website at https://homehealthcahps.org/.
- Designating another individual within the organization as the backup Administrator.
- Completing and/or approving each staff member who will have access to the Home Health Care CAHPS Survey website as a non-administrator user.
- Granting individual non-administrator users access to specific functions on the Home Health Care CAHPS Survey website.
- Updating non-administrator user information on the Home Health Care CAHPS Survey website based on staff changes/assignments.
- Removing access and/or approving the removal of access for users who are no longer authorized to access the private side of the Home Health Care CAHPS Survey website.
- Serving as the main point of contact with the Home Health Care CAHPS Survey Data Center.
- Notifying the Home Health Care CAHPS Survey Data Coordination Team if my role as the Home Health Care CAHPS Survey Administrator will no longer be valid and identifying my successor.

By signing this form, I also authorize that my name and e-mail address can be given out as the Administrator for my organization to individuals who request account access for my organization.

Administrator Signature:_____Title: _____

Phone Number: (_____) _____E-mail address: _____

Home Health Agency Name: _____

HHA CCN: _____

Notary Public Signature: _____Stamp:

Notary Public Date:_____