MANAGED RISK AGREEMENT

This facility recognizes and actively supports the right of each resident to make choices regarding his or her own behavior, services and lifestyle. As professionals concerned about your health and wellbeing, however, our staff also has a responsibility to inform and caution you when choices you make have a high probability of causing harm or a negative outcome. We currently have a serious concern, which is described below.

This Managed Risk Agreement represents our effort to inform you about an important concern, to explore alternatives that might eliminate or minimize the risks to you and/or others, to clarify your decision in light of the risks and benefits of the alternatives and finally to come to an agreement about the actions and responsibilities of all the people involved in this agreement. All of the information obtained below MUST also be included in the resident’s service plan.

1. Describe the resident behavior, choice or need that causes concern, as well as any assessment done to address potentially treatable symptoms or behaviors, if any:

2. Describe the probable negative outcome or consequences to the resident or others:

3. Describe what the resident wants:

4. List alternatives, developed with the resident and others, that were offered to eliminate or minimize the risks (attach another sheet if necessary):

5. Describe the final agreement, including the services the facility will provide to minimize the risk, the resident’s decision, and any actions to be taken by other parties to the agreement. What will staff do? What will the resident do? What will others do?
6. Describe (here and to the resident) risks or consequences involved in the resident’s decision and the final agreement:

7. Describe (here and to the resident) risks or consequences involved if the resident chooses to violate the terms of the agreement.

List parties involved in the discussion and negotiation of this agreement:

I, ________________________________ agree that the information above represents my choice. I understand the services that will be provided, as well as my responsibilities. I also accept the risks and consequences involved and understand that I may ask for additional services at any time.

_________________________________  ______________________________
Resident Signature                  Date

_________________________________  ______________________________
Staff Representative and Title      Date

Other supporting participant/s and their relationship to the resident:

Date set for review of agreement: ____________________

Attach additional sheets if necessary to document any of the above information

__________ initial here that this information has been included in the resident’s service plan.