

Model Risk Agreement – Participant Choice

Participant Name: _____ **Agency:** _____

• **Persons involved in Risk Reduction discussion:** _____

1. Describe behavior, risk or condition identified by agency (e.g., participant/guardian declines service(s), treatment, medication, therapy or chooses action/inaction, etc. Specify): _____

2. Describe agency-identified negative outcome/harm that may result from participant’s/guardian’s choice, preferred course of action/inaction (e.g., decline in physical/emotional health, reduced ADL/IADL capacity, etc.) _____

3. Describe participant/guardian perception of risk(s) and his/her preference for addressing it: _____

4. What alternative measures may be used by agency, participant/guardian or his/her informal supports to minimize the potential outcome(s) identified in #2 above? (e.g., increase frequency of face/face contact by agency/family, improve network of informal supports, etc.) _____

5. Describe negotiated plan/agreement reached, including time frames/dates for follow-up, reassessment/review of the plan/agreement.¹ _____

The undersigned participant/his/her guardian has been fully informed of the risk(s) associated with the decision or course of action/inaction chosen and accepts responsibility for the outcome(s).

Signature: Participant/Guardian

Signature: RN/Care Manager/Support and Service Coordinator

Date

¹ A Risk Agreement should not be considered simply a one-time means of documenting the discussion of risk. Best practice suggests that based on the level of risk identified, agencies should periodically re-evaluate the risk at an interval consistent with the level of risk identified and revisit/revise the Risk Agreement as indicated (e.g., “High risk = high frequency of re-evaluation).