

Negotiated Risk Agreement

Participant’s Last Name

First Name

MI

MSSP #

Participant’s desire/preference:

Current situation/cause(s) of concern:

Possible/probable negative consequences:

Possible alternatives to minimize risk:

Final agreement, if any, reached by all parties:

Frequency of reassessment of risk:

Name	Relationship	Date
<i>Signature:</i>	<i>Participant</i>	
<i>Signature:</i>	<i>Care Manager</i>	