

Appendix 24 ■ Negotiated Risk Agreement Form

Client's Last Name	First Name	MI	MSSP #
Client'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>Client</i>	
<i>Signature:</i>	<i>Care Manager</i>	