Negotiated Risk Agreement

Participant Name: _____ MSSP ID: _____

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: _____

Printed Name (Participant/Representative)	**Signature**	**Date**
Printed Name/Title (Care Manager)	Signature	Date