

Informed Risk Agreement

Completion of this agreement is voluntary and serves as documentation of conversations addressing identified risks. The risk agreement is completed based upon an assessment and shall not be considered to be an ongoing discussion of risk with the participant.

Supports Coordinators shall periodically re-assess or re-evaluate risk at consistent intervals in consideration of the level of risk identified and revise the risk agreement and service plan as indicated with the expectation that when risk is reassessed, a new risk agreement is completed.

Participant's Name: _____

Agency Name: _____

Supports Coordinator: _____

Persons involved in risk identification and reduction discussion

Describe source of risk (i.e. behavior or choice not to accept service(s) or follow prescribed treatment, medication, therapy regimen; includes risk(s) in the environment).

Describe negative outcome/harm that may result from the individual's choice, preferred course of action or inaction (i.e. decline in physical/emotional health, ADL/IADL capacity, injury)

Describe individual's perception/understanding of risk identified and preference in addressing it.

Identify alternative measures that may be utilized by services agencies or informal supports to minimize risk and reduce negative outcomes identified.

Describe negotiated plan/agreement reached identifying goals, timelines and dates for follow up, reassessment and review of the plan and risk agreement.

Risks identified have been explained and I understand the alternatives available to address them. I accept the risk associated with my choices, decisions or preferred course of action and understand that should I pose a risk to the safety of self or others, program support may be rescinded.

Signature of Participant or Legal Representative

Date

Signature of Participant or Legal Representative

Date

Signature of Supports Coordinator

Date