

NEGOTIATED RISK AGREEMENT

Initial Agreement Modified Agreement

Briggs cannot guarantee the legal effectiveness of forms in your state. Check with your attorney to determine the legal effect of the use of this form in your state.

I/We are aware that _____ has a risk of _____
(name of resident) (identified risk)

I/We are also aware that _____ is an assisted living residence and is not a
(name of residence)
residence designed to prevent _____ and the resident may experience
(identified risk)

the consequence of _____
(possible consequences)

As an assisted living residence where our goal is to allow each person the rights of dignity and autonomy, we will not force a person to make decisions that are contrary to what they want but may also not be in their best interest. We therefore enter into this agreement together.

The staff at _____ agree to the following routine activities to lessen the risk:
(name of residence)

I/We are aware that _____ could experience the following consequence(s):
(name of resident)

(list consequences)

This is an acceptable risk I/we are willing to accept in order to experience a higher level of quality of life. I/We agree that the residence will not be held responsible for the consequences of my decision.

Signature of Resident/
Responsible Party _____ Date _____

If Responsible Party,
Relationship POA Guardian Other _____

Residence Representative
Signature _____ Date _____

Witness _____ Date _____

AGREEMENT REVIEW RESULTS

Agreement reviewed, no changes needed Agreement reviewed, changes required, new agreement needed
Date _____ Date _____

Resident/Resident Residence
Representative _____ Representative _____

Agreement reviewed, no changes needed Agreement reviewed, changes required, new agreement needed
Date _____ Date _____

Resident/Resident Residence
Representative _____ Representative _____

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Resident/Resident Residence
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