

# Agreement for Change

*This document is to serve as an agreement between the staff of \_\_\_\_\_ and \_\_\_\_\_ (patient) to improve the care of dialysis and/or to maintain a safe environment.*

*The (circle appropriate person/persons) **staff / patient(s)** have voiced concern about*

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*and its impact. This can affect your treatment or the treatment environment for others.*

*Behavior Concerns Include:*

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*The staff have carefully looked at the concerns surrounding the behavior(s) mentioned above and would like to work with you to improve the situation.*

*Together we can address the concerns by following the action steps below. These goals and action steps are specifically geared towards your care.*

**Patient's Action:**

**Staff Action**

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The facility \_\_\_\_\_ (identified staff member) will meet with you (circle which one) **Weekly** **Every Other Week** **Monthly** to review our progress towards our goals and adjust the agreement as needed.

This agreement is in effect for \_\_\_\_\_ months (no more than six) at which time we will meet and review together the improvements and discuss ways to sustain them.

Medical Doctor signature \_\_\_\_\_ Date \_\_\_\_\_

Attending MD signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

SW signature \_\_\_\_\_ Date \_\_\_\_\_

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