

Health Care Team Agreement

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

The staff / other patient(s) have voiced specific concern about _____ and its potential impact. This can affect your treatment or the treatment environment for others.

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.

You, as the patient, agree to do the following:

We, as the staff, agree to do the following:

Together, you and _____ (staff member) will meet
(circle which one) **Weekly** **Every Other Week** **Monthly** to review our
progress towards our goals and adjust the agreement as needed.

If we are unable to reach or maintain our agreement, we will meet on _____
to discuss our potential consequences.

Patient signature	_____	Date	_____
MD/Designee signature	_____	Date	_____
Clinical Manager signature	_____	Date	_____
SW signature	_____	Date	_____

Sample