

Staff/Patient Agreement

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*

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

Behavior Concerns Include:

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 contract 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.

Consequential actions:

of staff failing to take appropriate actions:

of patient failing to take appropriate actions:

Medical Doctor signature _____

Date _____

Attending MD signature _____

Date _____

Patient's signature _____

Date _____

Staff signature _____

Date _____

SW signature _____

Date _____