



Pediatric & Adolescent Medicine, LLP

Policy for Divorced or Separated Parents

Pediatric and Adolescent Medicine is dedicated to providing the best quality care to your child(ren). Children of divorced or separated parents often present our practice with unique challenges; therefore, the following policy has been established to avoid any misunderstandings.

Please, read and agree to the following so that we may provide care for your child (ren).

1. The providers and office staff will not be put in the middle of domestic disputes or disagreements over the phone, portal (any electronic communications) or in the office.
2. Please make decisions regarding appointments, vaccinations and/or any office procedures PRIOR to visiting our practice.
3. “Joint Custody” means that each parent has equal access to the child’s medical records and patient portal. Without a court order, we will not stop either parent from accessing their child’s chart, obtaining test results, or having a patient portal account. If there is a dispute between the parents regarding custody, and a custody agreement has been reached, we will need to be provided with documentation specifying the legal guardian.
4. Only in situations where there is a confirmed and documented Court Order will one of the parents be denied access to the minor child’s medical records or visits to the office. Pediatric and Adolescent Medicine, LLP must have a copy of this Court Order on file in the minor’s electronic medical record.
5. If there is NOT a court order on file with our office, either parent or legal guardian can schedule an appointment for their child, be present for the visit and/or obtain a copy of the visit summary (subject to medical records fee). Either parent or legal guardian can also sign a “Consent to Treat” form that authorizes named individuals (like grandparents, nannies etc.) to bring your child to our practice, be present during the visit and consent to any treatment during the visit. We will not be involved in any disputes regarding named individuals on the consent forms unless instructed by the court documents.
6. Each parent should identify her or himself when sending portal messages or any other written correspondence to the provider/practice for the child to receive the best care possible.
7. It is both parents’ responsibility to communicate with each other about the patients’ care, office visit dates and any other pertinent information relevant to the patient. It is NOT the provider’s responsibility to communicate information regarding the patient’s visit to each custodial parent separately. Our providers will not call the non-attending parent for following visits. Additionally, we will not call a parent to notify of an appointment scheduled by the other or get in the middle of disagreements with parents

calling to cancel appointments scheduled by the other parent. Cancellations of each other's scheduled appointments will result in dismissal from the practice.

8. It is our policy to collect payment at the time of service from the parent, guardian or caretaker who brings the child in for the appointment.

9. The parent or guardian who signs our acknowledgement, authorization, and office policy forms will be the listed guarantor on the patient's account.

10. We reserve the right to discharge the family from the practice due to non-compliant behavior or failure to follow this policy.

By signing this form, you agree to honor the above policy and understand that breaking this agreement may result in the discharge of your family from the practice.

_____/_____/_____
Signature of Parent/Guardian Relationship to parent Date

_____/_____/_____
Signature of Parent/Guardian Relationship to parent Date