



Pediatric Services Policy for Divorced or Separated Parents

Pediatric Services' providers and staff are dedicated to providing the highest quality of medical care to your child(ren). Our focus is on your child's medical, emotional, psychological and physiological health.

Children of divorced or separated parents sometimes present our practice with unique challenges; therefore the following policy has been established to avoid misunderstandings going forward. We are not party to nor wish to be involved in any legal issues involving divorce, separation or custody agreements. As the parent or legal guardian of a patient of Pediatric Services, please read and agree to the following policy so that we may focus on the care and wellbeing of your child(ren).

1. The physicians, medical assistants, office and billing staff will not be put in the middle of domestic issues or disagreements over the phone or in the office.
2. Please make decisions regarding appointments, vaccination and/or any other office procedures PRIOR to visiting our practice.
3. When a minor child visits our office accompanied by one of his or her parents, we will assume that parent has full or joint legal custody and the authority to make medical decisions for the child, unless we are instructed otherwise, in writing, by a legal authority. **Only in situations where there is a confirmed, documented Court Order will one of the parents be denied access to the minor child(ren)'s health records, information about visits, or visits at the office.** Pediatric Services must have a copy of this Court Order on file in the minor child(ren)'s chart. If the status has changed, we will need a copy of the changed order to comply.
4. If there is NOT a Court Order on file with our office, either parent or legal guardian can sign a "Consent to Treat" form that authorizes any named individuals (like grandparents, nannies, etc) to bring your child(ren) to our practice, be present during the visit, and consent to any treatment during that visit. We will not be involved in any disputes regarding named individuals on the consent forms unless instructed by the court. 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. Copies of the visit will be on the portal, if additional paper copies of the record are needed, they will be subjected to a \$50 fee for copies and the time required to find specific information outside of a standard transfer of care agreement.
5. It is both parents' responsibility to communicate with each other about the patient's care, office visit dates and any other pertinent information relevant to the patient. It is not the responsibility of the provider to communicate visit information to each custodial parent separately. Our general approach is to communicate our medical assessments and recommendations with the parent who brings the child to the office. Our providers will not call the non-attending parent following visits. We are, however, happy to receive inquiries about the child's health from either parent at any time via the portal. Each parent can sign up for a portal account.
6. Our providers will trust and accept the medical history provided by the parent attending the appointment. It is the responsibility of each parent to discuss the pertinent symptom history prior to the appointment to clear any confusion. Our providers will do their best to get an accurate symptom history but will not mediate disputes or differences between parents. If arguments occur during a visit, one or both parents may be asked to leave the

building. If concerns arise about the accuracy of a parent's provided history, a separate appointment can be made to discuss these concerns further by either parent and will be billed accordingly.

7. Additionally, we will **not** call the other parent for consent prior to treatment or inform the other parent whenever visits are scheduled and we will **not** tolerate appointment re-scheduling/cancellation patterns of behavior between parents. If this occurs repeatedly, we will dismiss the whole family from the practice.

8. We cannot mediate financial disputes between the two parents. We will request and collect payment due from the parent who brings the child to the visit regardless of divorce decree. Any disputes about reimbursement for medical expenses need to be settled between the parents privately. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

9. We reserve the right to charge an administrative fee for copying records should the requests be excessive or beyond a typical transfer of care request. Please allow at least 5 business days for records to be prepared, particularly if the records are required for legal or court purposes. The standard fee will be \$50 but may be adjusted depending on the amount of time required to collect information.

10. Appointments that require extra time due to ongoing legal disputes or challenges will be billed accordingly for the extra time spent with the provider.

11. Any request for a provider to be present for mediation, court or affected by a subpoena, or any argument that requires escalation to the office manager will be subjected to reasonable compensation related to the amount of time spent accommodating this request, mileage required for travel (if needed), and wages lost from time away from the office. The office manager will alert families if they are substantially outside of what is typical care and they should be aware that further requests will be subjected to fees. Court appearances by a physician will be billed by the 30 minute increments and presented to the party requesting their presence.

12. Should the issues that come between parents become disruptive to our organization or there is non-compliance with this policy, we reserve the right to discharge the family from the practice.

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.

_____ Patient's Name(s) _____ DOB

Print - Parent/Legal Guardian#1

Signature - Parent/Legal Guardian#1

Print - Parent/Legal Guardian#2

Signature - Parent/Legal Guardian#2

Pediatric Services, PA _____ Date