



Our Practice Perspective for Divorced or Separated Parents

We are dedicated to the health and well being of our patients. Because our patients are children, we rely on parents and other supportive adults to assist us in their care. Children of divorced or separated parents sometimes present our office with unique challenges, so we thought it was important to explain our office philosophy to you in order to avoid any misunderstandings going forward.

1. If a parent or legal guardian has a court order that restricts the other parent or legal guardian's role, we ask that you provide a copy of that document.
2. If a stepparent or other adult who is not a legal parent or guardian should bring in your child, we must have parent's signed privacy consent to treat. In circumstances when it is unclear whether the attending adult has the right to consent to treatment, we will call you to obtain your authorization.
3. The parent or legal guardian who brings the child for the appointment will be considered the decision maker for that day. In the case of a conflict between parents/guardians, the plan most closely representing the current standard of care will be followed.
4. The parent or legal guardian **who brings the child in for the appointment is responsible for co-payments or insurance deductibles at the time of service**, even if the other parent or legal guardian is the policy holder. Please do not ask our office to collect payments from a parent who is not at or may be unaware of the appointment.
5. Other situations that are not in the best interest of the child and are not acceptable:
 - One parent making the appointments and the other one canceling them
 - A parent who asks us to write or say negative things about the other parent
 - Arguments or fights between parents in the office
 - Any other behavior which interferes with our ability to provide the best possible medical care to all our patients in a warm and peaceful environment.

We sincerely appreciate being part of your child's support system.

Patient or Guardian Signature _____ Date _____

Copy to Parent/Legal Guardian