

Policy for Divorced or Separated Parents.

Willow Bend Pediatrics LLP is dedicated to our patients and providing quality medical care to your child (ren).

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.

1. The providers and office 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, vaccinating 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. Without a court order, we will not stop either parent from looking at their child's chart or obtaining test results. If there is a dispute between the parents regarding custody, and a custody agreement has been reached, we will need to see documentation specifying the legal guardian.
4. 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 responsibility of the provider to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following visits. Additionally, we will not call a parent to notify of an appointment scheduled by the other.
5. The responsibility of the bill for minors is with the parents or legal guardian. 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.
6. 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 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.

By signing this form, you agree to 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 patient

Date

Signature of Parent/Guardian

Relationship to patient

Date