

PARENTS OF PEDIATRIC PATIENTS - SEPARATION / DIVORCE POLICY

PATIENT NAME : _____ DATE OF BIRTH : _____

At Churchville-Chili Family Medicine LLC it is our priority to care for the well-being of our patients. In no circumstances are we the mediator between parents. We will continue to encourage you to keep your lines of communication open between each other as well as your child(ren). The following explains the responsibility of the parents and what the staff and providers at CCFM will be able to do for you.

Custodial Agreements: Our office requires a copy of the legal custodial agreement which will be filed in the child(ren)'s chart(s). Unless otherwise stated in the Custodial Agreement both biological parents have the right to schedule or cancel appointments.

Personal and Insurance information: The biological parents or legal custodian(s) are required to inform our office immediately of any changes in address, contact numbers, court order, or insurance information.

Copies of Medical Records: Where medical information is required by the parent(s), we ask that the biological parents or legal custodian(s) schedule an appointment to discuss the child's health information directly with the healthcare provider. All requests for *complete* medical records should go through your attorney who will request a copy of the medical records on your behalf (only these records would be admissible in a court of law should there be any question).

Co-Payments and Deductibles (as stated in CCFM's financial policy): It is the responsibility of the person who brings the child to the appointment to make payment for ALL co-payments and deductibles for that visit. If the parent who brings the child does not pay at the time of visit, a billing statement will be generated (including the billing fee) and sent to the address provided.

Transfer of patient care to another Primary Care office: The parent who has primary custody of the child(ren) has the ability to sign a release form for record transfer. In the event that there is joint custody, both parents will need to sign a release form for the record transfer. CCFM reserves the right to verify transfer with both parties if they feel this is necessary.

PLEASE SIGN BELOW :

I _____ understand and agree to the above policy.

Signature *Relationship to patient* *Date*

I _____ understand and agree to the above policy.

Signature *Relationship to patient* *Date*