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Divorced or Separated Parents Office Policy

At All Better Pediatric Group our focus is the medical, psychological and emotional health of your child(ren) – NOT legal issues involving divorce, separation or custody agreements. This is why we ask you read and sign this form to indicate you have read and understand the policy.

1. Effective January 1, 2017, please make decisions and agree regarding vaccinating your child(ren), circumcision, reproductive education, etc. prior to visiting our practice.
2. Either parent or legal guardian can schedule and appointment for their child, be present for the visit, and/or obtain a copy of the visit summary. ***Unless there is a court order in the child's record that restricts a parent's rights, please do not ask us to limit the other parent's involvement in your child's care.***
3. Payment (co-pays, deductibles, etc.) are due at the time of service regardless of which parent is responsible for medical coverage. ***We will collect payment due from the parent who brings the child to the visit.*** 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.
4. Both parents/legal guardians can sign a "Consent to Treat" form. This means other persons (like grandparents, nannies, etc.) are authorized to bring your child to our practice, and can consent for treatment during that visit. ***We will NOT be involved in any disputes regarding named individuals on your child(ren)'s consent to treat form.*** Both parents/legal guardians can see who is named on each other's forms; however, we will not comply with requests to eliminate names on the other's form, unless instructed by the Court. Please refer these requests to your attorney.

5. Additionally, we will **not**:
 - Call the other parent for consent prior to treatment or inform the other parent whenever visits are scheduled.
 - Restrict either parent's/legal guardian's involvement in your child(ren)'s care, unless authorized by law.
 - Tolerate appointment re-scheduling/cancelling patterns of behavior between parents.
6. It is both parent's responsibility to communicate with each other about the patients care, office dates/visits and any other pertinent information relevant to the care of the child. Please do not ask our providers to call the non-attending parent following visits.
7. Should the issues that come between parents become disruptive to our practice or impede the care of children, we reserve the right to discharge your family from further treatment.

Patient Name _____ **Date of Birth:** _____

Father/Guardian Name	Signature	Date
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Mother/Guardian Name	Signature	Date
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