

PEDIATRICS WEST, P.C.

Divorce, Custody or Legal issues

As a pediatric facility our goal is foremost the treatment of the identified patient. It is essential that both parents of a minor child are in full agreement as to medical care, treatment goals and appointment times. The following informed consent states that both parental parties will agree to these terms and communicate effectively with each other as well as with the provider to create the most successful outcome possible for the patient.

Our responsibility to your child may require our involvement in conflicts between parents and guardians. You agree that:

- Our involvement will be strictly limited to that which will benefit your child.
- Neither parent/guardian will attempt to gain advantage in any legal proceeding between the two parents/guardians from our involvement with the child.
 - In particular, in any such proceeding, neither of you will ask us to testify in court, whether in person, or in writing.
- Our role is limited to providing treatment..
 - You will not involve us in any legal dispute, especially a dispute concerning custody or custody arrangements (visitations, etc.).

If there is a court appointed evaluator, and if appropriate releases are signed and a court order is provided, we will provide general information about the minor. However, this will not include recommendations concerning custody or custody arrangements, nor any confidential or privileged information unless otherwise ordered by a court.

I _____ give my permission to _____, (relationship to patient: _____) to make decisions regarding medical care and treatment, scheduling appointments and cancelling appointments, if I am not physically present during any appointments.

I _____ accept the responsibility of communicating with _____ after every appointment to be updated regarding any change in the medical care or treatment plan related to _____.

I _____ understand that as the custodial parent of the minor child, I am responsible for any and all payments due. Any payment received from the minor child's other parent, guardian, or family member will be deducted and applied appropriately to the child's account. If the account is in default or a payment has not been made, Pediatrics West, PC will look to me as the sole party responsible for the financial obligations of the account.

Parent/Guardian _____ Date: _____