



The Medical Profession, LLC

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Policy for Divorced or Separated Parents

The Medical Profession, LLC pediatricians and staff are dedicated to our patients and providing quality medical care to your child(ren). We are advocates of your child's medical, emotional, psychological and physiological health. We are not involved in and are not party to any legal issues involving divorce, separation or custody agreements. Please read the following and acknowledge your understanding of this policy.

1. Do not put the pediatricians, nurses, clinical assistants, receptionists, billing staff or administrative assistant in the middle of domestic issues or disagreements over the phone or in the office.
2. Please make decisions regarding appointments, vaccinations or other medical procedures **PRIOR** to arriving at the office.
3. Only in situations where a confirmed, documented **Court Order** exists will one of the parents be denied access to the minor child's health records or visits to our office. We **must** have a copy of this Court Order on file in the minor child's medical record.
4. If there is **NOT** a court order on file with our office, either parent or legal guardian can sign a "Consent to Treat" form that authorizes any named individuals (grandparents, nannies, etc.) to bring your child to our practice, be present during the visit and consent to any treatment during that visit. We will not be involved in any disputes regarding named individuals on the consent forms unless instructed by the Court. Either parent or legal guardian can schedule an appointment for their child, be present for the visit and/or obtain a copy of the visit summary, subject to a medical records fee.
5. Communication with each other about the patient's care, office visit dates and any other pertinent information relevant to the patient is the responsibility of the parents. The pediatricians are not responsible to communicate visit information to each custodial parent separately, nor will they call the non-attending parent following visits.
6. Additionally, our staff will not call the other parent for consent regarding appointments scheduled, restrict either parent's involvement in the patient's care unless authorized by a Court of law or tolerate appointment scheduling/cancelling patterns of behavior between parents.
7. Furthermore, payments including copays, deductibles, coinsurance or any additional fees charged by your insurance are due **at the time of service** regardless of which parents is responsible for medical expenses. This practice is **NOT** a party to your divorce agreement. Payments will be collected from the parents accompanying the child to the visit. If the divorce decree requires the other parent to pay all or part of the treatment costs, **the authorizing parent is responsible to collect from the other parent**. Any disputes about payment that end in the collection process will be due at the next service date or the patient will not be seen.
8. If any of the above points become an issue at any time at our office or compromise patient care, we have the right to discharge the family from the practice.

By signing this form, you agree to honor the above policy and you understand that failure to honor the above policy may result in the discharge of your family from the practice.

Print Parent/Legal Guardian Sign Parent/Legal Guardian Date

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