

## Healthy Starts Pediatrics Policy on Divorce, Separation, & Custody Agreements

Children covered under this agreement: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_

- Healthy Starts Pediatrics believe that custody matters should not enter into a child's medical treatment.
- The individual who is requesting the medical treatment will be asked to pay for the medical treatment, including co-pays, co-insurance or services not covered by insurance. We are not a party to your divorce agreement, you are.
- "Joint Custody" or "Shared Custody" most often means that each parent has equal access to the child's medical record. It does **not** mean that we are responsible for ensuring that information is automatically provided. This is the responsibility of the parents.
- Employees of Healthy Starts Pediatrics do their best to identify callers prior to giving medical information. However, if the parent completing HIPAA forms refuses to name another parent, in the absence of legal proof that the other parent's rights have been terminated, we cannot be held liable for releasing the information to the wrong party if we've done our best to identify the caller. We are also held accountable through HIPAA laws to provide information to responsible parties when requested.
- If a PFA is on file, our staff will do our best to follow the law. It is the responsibility of the parent to provide updated documentation if the PFA is no longer active.
- Without a court order, we will not refuse medical information, test results or appointment information to either parent.
- We will not call the other parent for consent prior to treatment. That is the attending parent's responsibility.
- We reserve the right to refuse routine treatment if we believe that it violates a documented custody agreement.
- Unless stated in the court order, both parents have equal rights and we will not get involved. It is not the responsibility of this office to ensure that both parents have consented to treatment when our providers believe that the child is in need of such treatment.
- Information pertinent to the child's present exam will be discussed with the parent who accompanies the child to the visit.
- **Should the issues that come between parents become disruptive to our organization, we will discharge the patient from further treatment.**

Parent signing this agreement understands that HSP will do what they can to ensure the safety and health of the child. At no time will employees of HSP be held responsible for unintentional contact with either parent while conducting normal business matters such as notification of test results, responding to triages, billing or collections calls or appointment confirmations.

By signing this agreement, the attending parent agrees to and understands the above policy.

Parent name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

This document must be scanned into the child's medical chart. If more than one child is covered under this agreement, it must be scanned into both children's charts