

POLICIES FOR COMMUNICATING WITH NON-INTACT FAMILIES

Patient Name: _____

Date of Birth: _____

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We understand that many of our patients come from families with divorced, single, or separated parents, or with other family make-ups that involve multiple caregivers. This helps us communicate with your family appropriately.

1. Are parents legally married?

Yes No

If **YES**, please stop and provide a signature below

2. If **NO**, who has legal custody of the child?

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Name

3. Are there any legal actions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment?

Yes No

4. If **YES**, please explain briefly:

5. If **YES**, please provide us with a copy of the legal paperwork which supports this restriction:

Provided today Will fax or mail

By signing at the end of this document I understand that M. T. Curry Pediatrics does not have the authority to restrict access of lawful guardians or parents to their child's medical records, unless the proper legal paperwork has been provided to us. I further understand that it is not M. T. Curry Pediatrics responsibility to play go-between for families that fail to communicate with one another about their child's medical care. Please be aware families with past due balances may be rescheduled until they can fulfill their financial obligation.

Parent Name

Parent Signature

Date