



Divorced/Separated Parents Policy

At Wakefield Pediatrics, our first priority is the care and treatment of the identified patient. It is important that both parents of the child are in full agreement regarding the medical care, treatment plans and appointment schedules. The following policy outlines that both parents will agree to these terms and will agree to communicate effectively with each other and the provider.

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

- Our involvement will be limited to that which will benefit your child
- Neither parent/guardian will attempt to gain advantage in a legal proceeding from our involvement
 - Specifically, in any legal proceeding, neither of you will ask us to testify in court, whether in person or in writing
- Our role is limited to providing treatment for the patient
 - You will not involve us in any legal disputes, especially a dispute concerning custody or custody agreements
- 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 patient. However, this will not include any recommendations concerning custody or custody arrangement.
- It is your responsibility to provide us with updated court documents outlining current custody arrangements and any legal documents clarifying parent/guardian medical decision-making capabilities.

I, _____, give my permission to _____,
(relation to patient: _____,) to make decisions regarding medical care, treatment plans and appointment schedules, if I am not present during any appointments.

I, _____, accept the responsibility of communicating with _____ after each appointment to be updated regarding any change to the medical care, treatment plans and appointment schedules of patient _____.



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I, _____, understand that as the custodial parent of the patient, I am responsible for any and all payments that are due. Any payment received from the minor child's other parent, guardian, or family members will be deducted and applied to the child's account.

If the account is in default or a payment has not been made, _____ will look to me as the party responsible for the financial obligations of the account.

Parent/Guardian _____

Date: