



Policy for Children impacted by Divorce or Separation

Updated October 2023

The definition of “Family” is varied and can change over time.

In keeping with a fundamental principle of Our Village Pediatrics, our priority and focus will always remain on the “Village Children”. When families are impacted by circumstances regarding custody, it is our hope that all parties remain focused on this principle. In matters of Custody and/or Medical Decision making, we will remind all parties involved of the common goal of good health, safety and development of your child.

Our second priority is maintaining current legal documentation regarding Custody and Parental Decision Making. Parents and Guardians are expected to provide updated paperwork impacting appropriate care of your child. Neither myself nor my staff shall serve as agents to obtain necessary documents. It is in your best interest and the best interest of your children that you provide any pertinent Legal guidance to our office at your earliest convenience. Remember to update us with amendments or updated information.

Please note the following

****Our EMR system allows only one UserID/Password key to each patient's Medical Record. It is advised that this information is shared with each Legal Parent or Guardian.**

When utilizing the Patient Portal to send messages, please identify the author.

****Appointment notifications and reminders are automatically sent to the Primary phone number provided at the time of registration.**

**** Payment is due at the time of service from the parent, guardian or caretaker present with the child at the appointment.**

****We reserve the right to discharge non-compliant or disruptive families from this practice.**

If there are concerns regarding this Policy or additional factors you wish to clarify, please schedule an appointment with Dr. Hassel McNeil to review and discuss.

Your signature below indicates your understanding and agreement with this policy.

Name of Patient: _____ DOB: _____

Signature of Patient or Guardian: _____ Date: _____