

Estrella Pediatrics Policy for Co-Parenting

The providers and staff of Estrella Pediatrics are here to take care of children. Our focus is on the medical, psychological and emotional health of your child(ren) - NOT legal issues involving divorce, separation, or custody agreements. That is why we ask you to read the following:

1. Please make decisions regarding vaccinating your child(ren), circumcision, reproductive education, etc. prior to visiting our practice.
2. 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. ***Unless there is a court order in the child's record that restricts a parent's rights, please do not ask us to limit the other parent's involvement in your child's care.***
3. Payment (co-pays, deductibles, etc.) are due at the time of service regardless of which parent is responsible for medical coverage. We are not a party to your divorce agreement. ***We will collect payment due from the parent who brings the child to the visit.*** If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
4. Both parents/legal guardians can sign a "Consent to Treat" form. This means other persons (like grandparents, nannies, etc.) are authorized to bring your child to our practice, and can consent for treatment during that visit. ***We will NOT be involved in any disputes regarding named individuals on your child(ren)'s Consent to Treat form.*** Both parents/legal guardians can see who is named on each other's forms; however, we will not comply with requests to eliminate names on the other's form, unless instructed by the Court. Please refer these requests to your attorney.
5. Additionally, we will **not**:
 - Call the other parent for consent prior to treatment or inform the other parent whenever visits are scheduled.
 - Restrict either parent's/legal guardian's involvement in your child(ren)'s care, unless authorized by law.
 - Tolerate appointment scheduling/cancelling patterns of behavior between parents.
6. It is both parents' responsibility to communicate with each other about the patients care, office dates/visits and any other pertinent information relevant to the care of the child. Please do not ask our providers to call the non-attending parent following visits.
7. Should the issues that come between parents become disruptive to our practice or impede the care of children, we reserve the right to discharge your family from further treatment.

Please List Children:

Patient Last name	First:	DOB:	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this form, you agree to honor the above policy and understand that discharge from the practice may result if this agreement is not abided by.

✍️ _____ Parent/Guardian Signature	_____ Relationship
✍️ _____ Printed Name	_____ Date