

Account # _____

Patient Name: _____ Date of Birth: _____

Sibling Name: _____ Date of Birth: _____

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Divorce, separation, and shared custody are a time of stress for any family and children often struggle with related challenges. During this difficult time, Wasatch Pediatrics strives to continue providing pediatric care in an efficient, compassionate manner in an atmosphere that is friendly, pleasant and stimulating. We ask for your understanding to maintain these expectations and responsibilities.

- **WASATCH PEDIATRICS WILL NOT BECOME PARTY TO CUSTODY/DIVORCE ISSUES AND/OR LITIGATION.**
 - We WILL NOT provide recommendations on divorce/custody issues as such are outside our scope of practice.
 - This includes request of records for divorce/custody purposes.
 - Referrals to community resources will be given as needed.
 - Custody Evaluators are appropriate service for custody issues.
 - **BEHAVIORAL HEALTH SERVICES WILL NOT BE PROVIDED WITHOUT CONSENT (SIGNED ACKNOWLEDGEMENTS AND AUTHORIZATIONS FORM) FROM ALL LEGAL GUARDIANS.**
 - **THE PRESENTING GUARDIAN (OR OTHER INDIVIDUAL(S) AUTHORIZED TO PROVIDE CONSENT AND RECEIVE INFORMATION, EX; STEP PARENT) WILL CONSENT FOR TREATMENT AND INTERVENTIONS PROVIDED, INCLUDING MEDICATION.**
 - Any disagreement between guardians can be addressed with their legal representation, not clinic staff/providers.
 - **LEGAL PAPERWORK IDENTIFYING CUSTODY RESTRICTIONS (IF ALLEGED) IS REQUIRED.**
 - **IT IS THE GUARDIANS' RESPONSIBILITY TO PARTICIPATE IN SCHEDULED APPOINTMENTS.**
 - We will not complete added communication outside of scheduled appointment based on guardians' inability to communicate with each other.
 - **WE PROVIDE SERVICES TO ADDRESS THE PHYSICAL AND EMOTIONAL WELLBEING OF CHILDREN. WE EXPECT GUARDIANS TO MANAGE CONFLICT WITHOUT HAVING CHILD'S CARE BECOME PART OF THE ISSUE.**
 - This includes an expectation to speak appropriately about others.
- I understand the expectations and responsibilities outlined above and agree to comply.
- I understand my child(ren) may be discharged from services if attempts are made to make Wasatch Pediatrics party to divorce/custody issues and/or litigation.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____