

## **Carrboro Pediatrics and Internal Medicine**

### **Divorce, Separation, Foster Care & Custody Policy**

Carrboro Pediatrics and Internal Medicine understands the challenges that can occur when parenting children in multiple households, blended families, or when children are displaced from their parents' care. We also understand that separated or divorced parents may have difficulty communicating or getting along for a variety of reasons.

Ultimately, we all share the same goal: **providing excellent medical care so children can enjoy good health.**

### **Our Commitment**

At **Carrboro Pediatrics and Internal Medicine**, we will:

- Keep your child's best health interests at the center of everything we do
- Treat each parent respectfully and professionally
- Make clinical notes available through **UNC MyChart**
- Send reminders of upcoming appointments by text, phone, or email to the **primary guardian listed in the clinical record** (typically the parent who completes and signs the demographic forms)

To preserve our providers' and staff's time so we may serve all families in our practice, we **will not communicate completed visit information to the parent who did not attend the appointment outside of the published medical record available in the patient portal.**

### **Parent Responsibilities**

We request that parents:

- Make decisions regarding appointments, vaccinations, and/or office procedures **prior to visiting our practice**
- Communicate with one another about upcoming office visits
- Consider having the parent not physically attending participate by **speakerphone or video**
- Communicate with one another about the visit and any information relevant to the health of your child
- Inform our office of **any legal restrictions regarding medical decision-making** and provide supporting **court documentation**

### **Access to Medical Records**

Each parent has **equal access** to the child's medical record unless a **court order** stating otherwise has been presented to our office.

Without a court order, we will not prevent either parent from obtaining their child's medical records, except for information protected under **North Carolina General Statute §90-21.5 regarding Minor's Rights.**

### **Consent for Treatment When a Child Is Not in Parental Custody**

Only **parents or legal guardians** may consent to treatment for their children unless written parental authorization has been provided to another individual.

Under **North Carolina law**, custodial parents may authorize another adult to consent to treatment for their child.

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Examples include:

### **Local Agencies (DSS)**

If parental rights have **not** been terminated, the agency must provide documentation authorizing consent for treatment.

### **Foster Parents**

Either the court or the Director of Social Services of the county with custody of the child may consent to medical treatment. Foster parents must provide the following documentation before treatment or release of medical information:

- Written authorization from DSS
- A court order
- OR written consent from the child's biological parent

### **Guardian ad Litem / In Loco Parentis**

Individuals acting on behalf of the parents before court proceedings may only access medical information related to the treatment they have authorized.

If a **step-parent or other adult** brings a child to an appointment, a **Parental Authorization form must be on file.**

### **Financial Responsibility**

Payment is **due at time service.**

If a court order requires another parent to pay part or all medical expenses, it remains the **responsibility of the parent bringing the child to the visit to ensure payment** and seek reimbursement from the other parent if necessary. Our office will **not mediate payment disputes between parents.**

### **Practice Policy**

Carrboro Pediatrics and Internal Medicine reserves the right to discharge a family from the practice if the inability of parents or guardians to cooperate in the care of their child becomes disruptive to clinic operations or interferes with our ability to provide medical care.

### **Acknowledgment of Policy**

I have read and understand the **Divorce, Separation, Foster Care & Custody Policy of Carrboro Pediatrics and Internal Medicine** and agree to comply with its terms.

Signature of Patient/Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_