

HEALTHY MINDS FOR HEALTHY LIVES

Merrill Wood DNP, APRN, CPNP-PC, PMHS, BICBT-CC
www.healthymindsforhealthylives.com
admin@healthymindsforhealthylives.com
940-757-1943

Healthy Minds for Healthy Lives-Pediatric Mental Health and Wellness, PLLC providers are dedicated to our patients and providing high quality mental health care for your child(ren). Our focus is on your child's mental health. We are not party to nor are we involved in any legal issues involving divorce, separation, or custody agreements. Please read and agree to the following so that we may provide the best mental health care to your child(ren).

1. Providers will not be put in the middle of a domestic issue or disagreements over the phone or in the office.
2. Please make decisions regarding appointments, medication and/or any other mental health care PRIOR to visiting our practice.
3. We will only deny one of the parents' access to the medical records or office visits, if there is a confirmed, documented **Court Order**. Our office must have a copy of this Court Order on file in the minor child's electronic chart.
4. If there is NOT a Court Order on file with our office, either parent or legal guardian can sign a "Patient Authorization to Release Health Information" form that authorizes any named individual to bring your child to our office and have access to their medical records. If any parent disputes the accesses granted, access will be granted to biological parents or legal guardians only, unless instructed by the court. 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. (Subject to medical records fee.)
5. It is both parents' responsibility to communicate with each other about the patients' mental health care, office visit dates, and any other information relevant to the patient. It is not the responsibility of the provider to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following appointments.
6. We will not call the other parent for consent regarding appointments scheduled, restrict either parents' involvement in the patient's care unless authorized by law, or tolerate appointment scheduling/cancelling patterns of behavior between parents.
7. Payments including copays, deductibles, coinsurance or any additional fees charged by your insurance are due at the time of service regardless of which parent is responsible for medical expenses. We will collect payment from the parent who brings the child to their appointment. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parents' responsibility to collect from the other parent.
8. If we feel any of the above points are becoming an issue at the office and/or compromising patient mental health care, we have the right to discharge the family from our practice.
9. We ask that all family members engage in appropriate and respectful behavior while at our office. In the event family members become disruptive with verbal, physical, or threatening language, our office will call the authorities.

HEALTHY MINDS FOR HEALTHY LIVES

Merrill Wood DNP, APRN, CPNP-PC, PMHS, BICBT-CC
www.healthymindsforhealthylives.com
admin@healthymindsforhealthylives.com
940-757-1943

Acknowledgement of Parental Communication Policy

I acknowledge receipt of the Healthy Minds for Health Lives, PLLC Parental Communication Policy.

By signing this form, you agree to honor the above listed policy and understand that breaking this agreement may result in the discharge of your family from the practice.

Signature: _____ Date: _____

Print Parent/Legal Guardian

Print Name: _____ Date: _____