5680 N. Tower Rd., #120
Denver, CO 80249

Phone: (720) 734-8816
Fax: (720) 405-4454
www.prairiepeds.com

CO-PARENTING POLICY

Prairie Pediatrics is dedicated to the care of children. ***We do not facilitate communication, act as a go-between, or resolve differences among multiple parents/guardians of patients***. Nor are we responsible for any miscommunication or lack of communication between co-parents.

We ask that you familiarize yourself with, and follow the following policies at all times:

- It is the responsibility of all parents/guardians (not the Practice) to communicate with each other about their child's care, appointments and other information relevant to the patient.
- We are unable to discuss care with, nor send any visit information to, a parent/guardian who does not attend a visit. This must be shared among parents/guardians. We also reserve the right to communicate simultaneously with all parents/guardians via Spruce and not separately.
- Any visits missed without proper advance notice, regardless of reason, are subject to our no-show policy and limits.
- If any court order related to your child's health care exists, it must be provided to our office to include in the child's electronic medical record and inform our communications and care.
- Any legal parent/guardian can sign our Consent for Treatment, unless prohibited by legal order. Consent is only required from one eligible parent/guardian.
- Any legal parent/guardian can be present at their child's visit, regardless of who schedules the visit, unless prohibited by legal order.
- Any legal parent/guardian can have access to their child's records, unless prohibited by legal order.
- Medical decision making shall be amicably shared and coordinated between all parents/guardians with medical decision making authority. Practice will not be put in the middle of such situations, nor be responsible for lack of coordination between responsible parties.
- If a court order specifies who is responsible for medical decision making, the Practice will rely on that person as the sole healthcare decision maker.
- One person must be designated as financially responsible for all charges (including insurance copays, deductibles, coinsurance and/or denied/uncovered charges). The Practice cannot split bills or collect from multiple parties. Any cost-sharing must be arranged between parents/guardians. Our Financial Policies must be complied with by the responsible parent/guardian at all times.

IMPORTANT: At the sole discretion of the practice, if it is deemed that any of the above policies are violated by any party and/or that any party is causing excessive complications to the Practice's administration or caregiving, we have the right to immediately discharge the family from the practice.

We appreciate your cooperation in these matters. Your signature below confirms that you have read and fully understand all aspects of this policy.

Signature _____ Date _____

Relationship to Patient _____