

CUSTODY / GUARDIANSHIP POLICY 2019						10:12-A
Effective Date:	July, 2011	Date Last Reviewed:	Dec. 2019	Review Date:	Dec 2020	

Patient Name: _____
Please Print

Patient's Date of Birth: ____/____/____

Attention Legal Guardians, who are divorced, separated or have a change in custody/guardianship!
Legal custody is the right and obligation to make decisions about a child's upbringing and welfare.
(Example: decisions regarding schooling, medical care etc.)
Many states, courts now award shared parenting/joint legal custody to both parents, which means that the decision making is shared.

By signing this document, I hereby understand and acknowledge the following:

- 1.) Under the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board / Chapter 4757-5 Rules for Standards of Ethical and Professional conduct (4757-5-09) Section H "A parent of a child who is not the residential parent of the Child is entitled to access, under the same terms and conditions under which access is provided to the residential parent, to any record that is related to the child and to which the residential parent of the child legally is provided access....unless the court determines that it would not be in the best interest of the child for the parent who is not the residential parent to have access to the records under those same terms and conditions.

- *Based on the above information Valko and Associates will assume that both parents have equal say to medical decision making and equal access to the medical records of the stated minor until legal documentation has been provided to us that states otherwise!*
- *It is the responsibility of the stated minor's Legal Guardian to provide Valko and Associates with, and to keep Valko and Associates up to date with, all restrictions and legal documentation concerning:*
 - a) *Custody / Guardianship*
 - b) *Changes of Custody / Guardianship*
 - c) *Documentation that may outline parent parameters, such as no contact court orders of the identified patient under the care of Valko and Associates*
- *It is imperative for continued treatment of the stated minor that Valko and Associates have the full custody agreement on file in the event that both parents are not in agreement of the stated minor's treatment and or having access to the minor's medical record.*
- *Please note that if legal documents (specifically outlining which parent or if both have medical decision-making power) are not provided to Valko and Associates in a timely manner, the stated minor may be suspended from receiving treatment and ultimately may be terminated from the practice.*

- 2.) Valko and Associates does not get into legal disputes regarding custody/guardianship. As previously stated, it is your responsibility to keep us up to date and informed of your current legal situation. **In the event of a legal proceeding regarding who has access of the stated minor's records based on lack of documents provided or if fraudulent information has been provided** that Valko and Associates would need to obtain legal representation the fees incurred over such matter will be added to your account.

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- 3.) **Responsible Party:** Although Insurance may be run through another person it is the individual bringing the minor patient to their appointments and signs the paperwork that is responsible for:
- a) Co-pays due at the time of service.
 - b) No-Call No-Show fees.
 - c) Having insurance is not a guarantee of payment. It is your responsibility to knowledgeable of the minor’s insurance coverage, benefits and eligibility and to alert our staff should that coverage change.

4.) **Special Notes:**

- A parent or legal guardian must accompany patients who are minors (under 18 years old) on the patient’s first visit.
- A parent or legal guardian must attend all med management appointments.

- This form acknowledges that Valko and Associates has requested that formal documentation be provided concerning the custody/guardianship of stated minor. Specifically, regarding the terms of that agreement as outlined above in section (1) for the stated minor regarding medical treatment and access to medical records.
- I understand that it is my responsibility as Legal Guardian to provide Valko and Associates with, and to keep Valko and Associates up to date with, all current restrictions and legal documentation.
- By signing this agreement, you are hereby stating that you are the legal guardian and have the legal right to consent to treatment of the stated minor.

Parent /Legal Guardian: _____
Print Name

Date

Parent or Legal Guardian (Signature)

Witness / Valko and Associates