

## **DIVORCED OR SEPARATED PARENTS**

## OFFICE POLICY

Patient Name:	Date of Birth:	
PANORAMA PEDIATRIC GROUP IS DEDI	CATED TO THE HEALTH AND WELL-BEING OF OUR PA	ATIENTS AND FAMILIES.
ordered custody agreements. If we do no equal access to the patients' medical reco to appointments, and assist in making med	both parents complete a HIPAA form, specifying	pointments, bring the patient
agreement on file in the patients' chart, escheduled for the patient. Our office will	OFFICE APPOINTMENTS: Unless otherwise either parent may call the office at any time to as a not call or notify one parent when the other parent of for appointments booked at least 3 days in advance phone number.	k if any appointments are ent schedules an appointment
record. Our electronic medical record sy Portal is activated, it is the parent/guardi rights to access the child's healthcare inf	AL: Our patient portal allows electronic access to stem does not allow for more than 1 username or an's responsibility to share this username and paternation. Should access to the account be misus rent/guardian with shared healthcare access and or k or shut down access to the Portal.	password. Once the Patient ssword with those who have ed or there is proof of
of The Cures Act, we provide patients we requires consent from patients 12 years a transition our teens into taking charge of account will be reset. Activation inform	le time for kids to start taking a more active role rith better access to their own electronic medical and older before sharing confidential medical information of their own health and medical record at this age, action is then provided to the patient (child). To a than the patient, a specific document will need to	record. New York State ormation. Our goal is to help therefore, the child's portal renew access to the Patient
information to support the patient's well another to ensure both parties have the n them. In the case of divorced or separate	to working with our families to ensure complete being. To do this, we ask that our parents commu- eeded information and resources to care for the ord parents, we cannot be the intermediary for care a communicate directly with one another.	unicate directly with one whild while the child is with
Thank you for choosing Panorama Pedia come!	atric Group. We look forward to caring for your f	amily for many years to
I have read and understand the above inf	formation and am agreeable to these terms.	
Printed Name	Signature	Date
Printed Name	<b>Signature</b> Oaks • Suite 200 • Rochester, NY 14625 • 585.381.4848	Date

5/31/23 Account # (in office use): \_\_\_\_\_