

## **Consent Form- Family and Custody Information**

At Fortis Behavioral Health we understand that a family comes in many different forms. Our practice's focus is to provide complete and thorough medical care to your child(ren). Single parenthood, blended families, Foster Parents or Guardians, separation, divorce, and marital discord can sometimes present communication barriers between caregivers.

**In order to prevent communication issues from impacting our ability to provide medical care to your child(ren), our practice has adopted the following guidelines:**

In the absence of any legal documentation provided to us, all biological parents will have equal access to a patient's medical record.

In the absence of any legal documentation provided to us, all biological parents will have the ability to make medical decisions on behalf of the child(ren). As a practice, we will NOT consult with the other parent about a medical decision, unless legally required to by law.

Our practice will NOT affirmatively call (or otherwise notify) a parent/guardian in the case of an appointment scheduled by a different parent/guardian. We will contact the parent who brought the child(ren) to the appointment for any follow-up results. We may attempt to contact the other parent/guardian if the parent/guardian who had been present at the appointment was not reachable.

If legal documentation shows a change in parental rights or authority in making medical decisions, please provide us a copy of the legal documentation with the relevant sections highlighted. Our practice does not hold itself out to be an expert in analyzing and interpreting parental custody agreements and we will not decide disputes between parents regarding the legal language and effect of any legal documentation.

**This may include, but is not limited to, custody documents, powers of attorney, adoption paperwork, and foster care documentation.**

This practice will always use its discretion in determining whether to classify a recommended treatment as major or minor medical decision with respect to which parent/guardian must be provided notice and/or consent. At all times, the practice will use its discretion in interpreting parental/guardianship custody agreements in the best interest of the child(ren).

Our practice exists to care for children. We do NOT get involved in custody disputes between parents/guardians unless there is a verified report of abuse, neglect, danger or comparable towards the child(ren). We do NOT write affidavits specifying which parent/guardian is the "better" parent/guardian. We do NOT testify in court for the above either. Any subpoenas and/or depositions will be charged at the physician's customary hourly rate. We typically recommend requesting a copy of the child's medical record to submit to the court. This record will be charged at our customary rate for the production of paper medical records.

If parental/guardianship disagreements become disruptive to our practice or the care of the child(ren), our practice reserves the right to discharge the family/child/children from our care.

**If your child/ward has a parent who does not have primary custody but still has parental rights in any form please fill out this contact form. If there is a custody agreement in place that precludes the non-custodial parent(s) from making medical decisions please provide that to our office.**

**If this form is not applicable to your child please state N/A in all sections:**

Custody: \*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Parents are Married  | <input type="checkbox"/> Parents Never Married                           | <input type="checkbox"/> Parents are Separated                    |
| <input type="checkbox"/> Parents are Divorced   | <input type="checkbox"/> Child is Legally Adopted and Adoptive           | <input type="checkbox"/> Both Parents have full legal rights      |
| <input type="checkbox"/> 1 biological has no parental rights/legal rights             | <input type="checkbox"/> both biological parents have no parental rights | <input type="checkbox"/> Patient is in Foster Care                |
|   |  | <input type="checkbox"/> Patient is a Ward and under Guardianship |
| <input type="checkbox"/> A non-parent has Power of Attorney to make medical decisions |  |   |

*At least one form or method of contact for the non-custodial parent must be provided if applicable.*

Name of Child: \*

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Name of Other Parent (if not applicable put N/A): \*

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Non-Custodial Parent Phone Number (if not applicable put N/A): \*

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Non-Custodial Parent Address (if not applicable put N/A): \*

Non-Custodial Parent E-mail Address (if not applicable put N/A): \*

**By signing this form, I confirm that I have provided Fortis Behavioral Health with complete and accurate information regarding all relevant legal documentation to the best of my knowledge. I understand that the practice relies on the information provided and is not responsible or liable for any inaccuracies, omissions, or misrepresentations. I agree that Fortis Behavioral Health is not liable for any disputes or outcomes resulting from inaccurate information provided by me regarding legal custody, medical decision-making, or guardianship.**

**PARENT/GAURDIAN SIGNATURE \***

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Date: \*

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