



3721 Lynn Road, Suite 104 Raleigh, NC 27613

Office: 919 825-3600 Fax: 984 200-6001

Separated/Divorced/Custody Agreement Form

It is in your child(ren)'s best interest that we have a plan in writing about medical decision-making and medical communication.

Please list all children by name (DOB). If different children have different custody agreements, please request separate form for each custody agreement.

- 1. Who has legal authority to make medical decisions? Mother___ Father___ Both___
- 2. Who has legal authority to bring the child / children in for visit? Mother___ Father___ Both___
- 3. Is there an agreement stating both parents have to be present at office visits? No___ Yes___

(initials) If yes, it is the responsibility of each parent to make sure the other parent is at any and all office visits that are scheduled. If one parent brings the child/children in for an office visit, it will be the responsibility of that parent to deal with the legal ramifications of this action or to have obtained proper permission to solely bring in the child/children.

(initials)

- 4. Who has the right to medical records? Mother___ Father___ Both___
- 5. Who has legal custody of the child/children? Mother___ Father___ Both___

Signature: _____ Name: _____ Date ___/___/_____
 Relationship to child: _____

Signature: _____ Name: _____ Date ___/___/_____
 Relationship to child: _____
