

EmPower Children's Clinic

Parent Attestation Page

I have been given a copy of the Policies Document to review and I agree to abide by the policies of Pearls Children's Clinic.

- Appointment Policies
- After Hour Policy
- Non-Discrimination Policy
- School and Sport Physicals Policy
- Referral Policy
- Refill Policy
- No shows / Late cancellations Policy
- School and Work Excuse Policy
- Assignment of Insurance Benefits Policy
- Authorization of Release Information
- Newborns
- Billings
- Family Separation/ Divorce Policy
- Joint Policy
- Court Policy
- Virtual Assistant Policy

If I have any questions, I will let the practice know. Should there be any significant conflicts with the policy and the care of my child, I will seek amicable ways to solve it with the practice or find another practice to care for my child

Parent/Guardian Signature: _____ Date: _____