



INNOVATIVE
HEALTH CARE CONCEPTS

790 S. Holmes Ave. | Idaho Falls, ID 83401 | t. 208.529.8526 | f. 208.529.8597

Administration

PARENT CONFLICT DISCLOSURE

In the event a child is referred for services and there is conflict present between both biological parents, especially in cases of divorce, pending divorce, marital conflict, or separation, **the parent who initiates the request for services and attends the intake appointment** will be responsible to disclose to the other parent or legal guardian about the services and the opportunity to complete applicable parent forms and provide feedback regarding the child. Please understand it is not the responsibility of Innovative Health Care and/or its providers to mediate conflict regarding the child's services between conflicting parents. If the parent not present at the intake appointment wishes to provide feedback typically obtained at the intake appointment, they may call to schedule a separate appointment with the provider. For Testing services, if parents wish to complete separate parent forms due to conflicting views, an additional set of parent forms may be provided upon request for the second parent at a cost of \$4.00 per booklet. If parents would like to meet separately to review results and discuss recommendations, we can accommodate this. **It is the responsibility of the parent to contact us in order to receive these accommodations.** In the event a parent would like us to deny access to another biological parent, we must have a court order on file ordering this action.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date