

## Silent observer agreement

Here at Apple Pediatric Dentistry we happily welcome **one** parent/guardian to accompany their child in the clinic during treatment. In order for us to continue offering this as an option we require all parents read and sign this agreement stating that the below guidelines will be followed at every visit.

- 🌳 Please decide prior to appointment(s) which **one parent/guardian** will be present in the clinic during treatment; this is due to the limited seating. Having too many people in the clinic can be overwhelming for the patient, staff and doctor.
- 🌳 Due to HIPPA guidelines, we require all children who aren't being seen for an appointment today have **constant supervision** in the reception area. No children under the age of 13 are to be left unattended. Please note: children 13 and older may not be responsible for younger children in the reception area; we require that a parent be present to care for younger children at all times.
- 🌳 If you choose to accompany your child you will not be permitted to walk in and out of the clinic or around the office. We ask that you remain seated throughout the duration of the appointment. We also ask that you do not stand over the doctor or assistants during treatment.
- 🌳 Due to HIPPA guidelines, we ask that no pictures or video recordings are taken during treatment.
- 🌳 Our staff devotes treatment time to your child. We understand that parents can offer emotional support during procedures but we ask that you be a silent observer. This ensures that we can focus on your child and offer them quality care without distractions. We may ask that you leave if we feel that your presence hinders treatment or these guidelines are not being followed.

Thank you for trusting Apple Pediatric Dentistry with your child's dental care needs. We look forward to a great visit!

**"I understand that by signing this document I am agreeing to all guidelines stated, all my questions have been answered to my satisfaction and I willingly give my consent to be a "Silent Observer" in this office"**

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Patient's name

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Parent signature

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Date