







## Silent observer agreement

Thank you for choosing Apple Pediatric Dentistry to serve your child's dental needs. We happily welcome **one** parent/guardian to accompany the 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:

-  Due to limited seating, please decide prior to appointment(s) which **one parent/guardian** will be present in the clinic during treatment. 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 freely around the clinic or office area. We ask that you remain seated throughout the duration of the appointment and that you do not stand over the doctor or assistants during treatment.
  
-  Due to HIPPA guidelines, no pictures or video recordings are to be 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 policy 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 acknowledge I have read the above guidelines, asked any questions for clarification if needed and hereby sign below as consent to be a “Silent Observer” in this office”**

Patient name: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_