NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices ("Notice") provides information about: 1) the privacy rights of our patients; and 2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to privacy_officer@pediatrix.com or a letter to:

Privacy Officer
Pediatrix Medical Group, Inc.
1301 Concord Terrace
Sunrise, FL  33323

By signing this form, you are only acknowledging that you have been provided our Notice.

________________________________________ ____________
Signature of Patient or Authorized Representative Date

_______________________________________
Print Name of Patient/Authorized Representative