**NOTICE OF PRIVACY PRACTICES**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. WHO WE ARE

This Notice of Privacy Practices (“Notice”) describes the privacy practices of MEDNAX Services, Inc., and its affiliated entities, its physicians, nurses and other personnel (“we” or “us”). It applies to services furnished to you at all of the offices where we provide services.

II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are also obligated to notify you following a breach of unsecured PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, which we describe in Section IV, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and/or disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations.

We may use and disclose PHI, but not your “Highly Confidential Information” (defined in Section IV.B), in order to treat you, provide payment for services provided to you and conduct our “health care operations” as detailed:

- **Treatment.** We may use and disclose your PHI to provide treatment, for example, to diagnose and treat your injury or illness. We may also disclose PHI to other health care providers involved in your treatment.
- **Payment.** In most cases, we may use and disclose your PHI to obtain payment for services that we provide to you, for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“Your Payor”) to verify that Your Payor will pay for health care.
- **Health Care Operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI internally in order to resolve any complaints you may have had and to ensure that you have a comfortable visit with us.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Use or Disclosure for Public Health Activities.

If we maintain a facility, we may include your name, location in the facility, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers.

We may use or disclose your PHI to a family member; other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative, a close personal friend or any other person identified by you, you may request that we limit the disclosure, and we will make every reasonable effort to respect those requests.

D. Public Health Activities.

We may use or disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities; (3) to conduct或 conduct health care operations purposes, if that PHI pertains solely to a health care item or service for which we have been involved and which has been paid out of pocket in full. Unless otherwise required by law, we are required to comply with your request for this type of restriction. For all other requests for restrictions on use and disclosure of your PHI, we are not required to agree to your request. If you wish to request additional restrictions, please obtain a request form from your physician. We will send you a written response.

E. Victims of Abuse, Neglect or Domestic Violence.

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

F. Health Oversight Activities.

We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings.

We may disclose your PHI in the course of a judicial or administrative proceeding to the extent such disclosure is reasonably anticipated in the course of a legal action or other lawful process.

H. Law Enforcement Officials.

We may disclose your PHI to the police or other law enforcement officials as required by law, for example, to report a crime, to identify or locate a suspect, to conduct an investigation or other lawful process.

I. Decedents.

We may disclose PHI to a coroner or medical examiner authorized as law.

J. Organ and Tissue Procurement.

We may use or disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

K. Research.

We may use or disclose your PHI without your consent or authorization if it is needed for research purposes and if the research has been reviewed and approved by an institutional review board (IRB) or other governing body.

L. Health or Safety.

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety.

M. Specialized Government Functions.

We may use and disclose your PHI to contractors of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. Workers’ Compensation.

We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers’ compensation or other similar programs.

O. As Required By Law.

We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

A. Use or Disclosure With Your Authorization.

We must obtain your written authorization for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI. Additionally, uses and disclosures of PHI not described in this Notice will be made only when you give us your written permission on an authorization form (“Your Authorization”). For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in a lawsuit in which you are involved.

B. Uses and Disclosures of Your Highly Confidential Information.

We may disclose your PHI to the extent that we have an obligation to do so under federal and state law. This includes the disclosure of certain PHI for “Health Care Operations” use or disclosure, and certain PHI for a “public health purpose.”

C. Revocation of Your Authorization.

You may revoke (revoke) Your Authorization, or any written authorization regarding your Highly Confidential Information (except to the extent that we have taken action in reliance upon it) by delivering a written statement to your physician. A form of Written Revocation is available upon request from the Privacy Officer.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. For Further Information: Complaints. If you would like more information about your privacy rights, if you are concerned that we have violated your privacy rights, or if you disagree with a decision that we made about access to your records, you may contact our Privacy Officer. Also, you may make a complaint by calling our Privacy Officer at 954-384-0175. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, our Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Additional Restrictions.

You have the right to request a restriction on the uses and disclosures of your PHI as a condition of treatment, payment or health care operations purposes, if that PHI pertains solely to a health care item or service for which we have been involved and which has been paid out of pocket in full. Unless otherwise required by law, we are required to comply with your request for this type of restriction. For all other requests for restrictions on use and disclosure of your PHI, we are not required to agree to your request. If you wish to request additional restrictions, please obtain a request form from your physician.

C. Right to Receive Confidential Communications.

You may request and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information.

You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you would like to access your records, you may request a record request form from your physician’s office. If you request copies, we will charge you a cost-based fee, consistent with State law, that includes (1) labor for copying the PHI; (2) supplies for creating the paper copy or electronic media if you request an electronic copy on portable media; (3) our postage costs, if you request that we mail the copies to you; and (4) if you agree in advance, the cost of preparing an explanation or summary of the PHI.

E. Right to Amend Your Records.

You have the right to request that we amend PHI maintained in your record file or billing records. If you desire to amend your records, please obtain an amendment request form from your physician. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

F. Right to Receive An Accounting of Disclosures.

Upon request, you may obtain an accounting of certain disclosures of your PHI as a condition of treatment, payment or health care operations purposes, if that PHI pertains solely to a health care item or service for which we have been involved and which has been paid out of pocket in full. You may request an accounting more than once during a twelve (12) month period, we may charge you for the cost of the additional accounting statement(s). We will inform you in advance of any fee and provide you with an opportunity to withdraw or modify the request.

G. Right to Receive A Copy of This Notice. Upon request, you may obtain a copy of this Notice, either by email or in paper format. Please submit your request to:

Privacy Officer
MEDNAX Services, Inc.
1301 Concord Terrace
Sunrise, FL 33323
Phone: 954-384-9175
Email: privacy_officer@mednax.com

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date. This Notice is effective on September 23, 2013.

B. Right to Change Terms of This Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around our offices and on our Internet site at www.mednax.com/patientprivacypractices. You may also obtain any new notice by contacting the Privacy Officer.

VII. PRIVACY OFFICER

You may contact the Privacy Officer at:
Privacy Officer
MEDNAX Services, Inc.
1301 Concord Terrace
Sunrise, FL 33323
Phone: 954-384-0175
Email: privacy_officer@mednax.com

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