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**PEDIATRIX – OBSTETRIX MEDICAL GROUP AND AFFILIATES
PATIENT ACKNOWLEDGEMENT 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 (“PHI”) about our patients.

Federal regulation requires that we give our patients or their authorized representatives (“You”) the opportunity to review our Notice before signing this acknowledgment. A one-page summary of our Notice is displayed in our offices and in the hospitals we serve. A copy of our Notice will be made available to you and you may also view our Notice by visiting our Internet web site, www.pediatrix.com/HIPAA Privacy/Notice of Privacy Practices.

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

We will respond to you within five (5) business days.

By signing this form, you acknowledge only that we have provided you with immediate access to our Notice of Privacy Practices.

Signature of Patient or Authorized Representative

Date

Print Name of Patient

Print Name of Authorized Representative

