

**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 regulation requires 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

\_\_\_\_\_  
Print Name of Authorized Representative

