

CATEGORY: Privacy Policies
SUBJECT: Patient Acknowledgment Form
EFFECTIVE: April 14, 2003



Background

Under the Health Insurance Portability and Accountability Act's (HIPAA's) final privacy rules, health plans and provider organizations such as Pediatrix Medical Group, Inc. must obtain a specific patient authorization for any uses or disclosures of protected health information (PHI) that is not included in the consent form obtained for treatment, payment and healthcare operations.

Summary

All covered entities are required by Federal regulations to make reasonable efforts to obtain a signed Patient Acknowledgment form for their patients. In our inpatient practices, we have decided to rely upon the acknowledgment obtained by the hospitals (generally under an Organized Health Care Arrangement or a Joint Notice). Therefore, unless an inpatient practice is informed otherwise by the Company's Privacy Officer, you will not have to obtain a signed patient acknowledgment for patients in our NICU or PICU. Our outpatient practices, however, must make reasonable efforts to obtain a signed acknowledgment from all new patients. Unless we change our Notice of Privacy Practices, you must only get the form signed once (e.g., in a lifetime). This requirement becomes effective for all services delivered or new patients seen on or after April 14, 2003.

Procedures

1. Except when you are providing service in an emergency situation, patients should be requested to sign an acknowledgment form before rendering service. The Patient Acknowledgment form requires that we make our Notice of Privacy Practices immediately available to the patients for review prior to signing the form.
2. Have patients read, sign and date the form. Place the signed acknowledgment in the patient's chart. (Note: Unless we change our Notice of Privacy Practices, you will only have to get this for signed once.). Upon request, make a photocopy for the patient.
3. If the patient is unable to review the acknowledgment form before services are rendered (i.e., an emergency, patient unconscious, etc.), you must still make a reasonable effort to obtain a completed acknowledgment once the patient is able to read and sign the form. Depending on the particular circumstances (e.g., transferred to another hospital), you may even mail the form to the patient after treatment. When mailing the form:
 - a. Provide the patient with a self-addressed return envelope.
 - b. Enclose a copy of our Notice of Privacy Practices
4. If a patient refuses to sign the acknowledgment, write "patient refusal" on the bottom of the acknowledgment form, along with the patient's name, current date, and any reasons given by the patient for their refusal. Place the Patient Acknowledgment form in the patient's chart.

**PEDIATRIX – OBSTETRIX MEDICAL GROUP AND AFFILIATES
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 (“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](http://www.pediatrix.com/HIPAA%20Privacy/Notice%20of%20Privacy%20Practices).

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