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 Pediatrix 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.** <u>Uses and Disclosures For Treatment, Payment and Health Care Operations.</u> We may use and disclose PHI, but not your "Highly Confidential Information" (defined in Section IV.B), in order to treat you, obtain payment for servicesprovided to you and conduct our "health care operations" as detailed:
 - <u>Treatment</u>. We may use and disclose your PHI to provide treatment, forexample, to diagnose and treat your injury or illness. We may also disclose PHI to other health care providers involved in your treatment.
 - <u>Payment</u>. In most cases, we may use and disclose your PHI to obtainpayment for services that we provide to you, for example, disclosuresto claim and obtain payment from your health insurer, HMO, or othercompany 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.
 - <u>Health Care Operations</u>. We may use and disclose your PHI for our healthcare operations, which include internal administration and planning andvarious activities that improve the quality and cost effectiveness of the carethat we deliver to you. For example, we may use PHI to evaluate the qualityand competence of our physicians, nurses and other health care workers. We may disclose PHI internally in order to resolve any complaints you mayhave and 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. <u>Use or Disclosure for Facility Directories</u>. If we maintain a facility, wemay include your name, location in the facility, general health condition andreligious affiliation in a patient directory without obtaining your authorizationunless you object to inclusion in the directory. Information in the directorymay 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. <u>Disclosure to Relatives, Close Friends and Other Caregivers</u>. We may use ordisclose 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 otherwiseavailable prior to, the disclosure, if we (1) obtain your agreement; (2) provideyou 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 practicably 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 or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.
- Public Health Activities. We may use or disclose your PHI for thefollowing public health activities: (1) to report health information to publichealth 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 authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **E.** <u>Victims of Abuse, Neglect or Domestic Violence</u>. If we reasonably believeyou are a victim of abuse, neglect or domestic violence, we may disclose yourPHI to a governmental authority, including a social service or protective servicesagency, authorized by law to receive reports of such abuse, neglect, or domesticviolence.
- **F.** <u>Health Oversight Activities</u>. We may disclose your PHI to a health oversightagency 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.** <u>Judicial and Administrative Proceedings</u>. We may disclose your PHI in thecourse of a judicial or administrative proceeding in response to a legal order orother lawful process.
- **H.** <u>Law Enforcement Officials</u>. We may disclose your PHI to the police or otherlaw enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
- I. <u>Decedents</u>. We may disclose your PHI to a coroner or medical examiner asauthorized by law. J.Organ and Tissue Procurement. We may use or disclose your PHI toorganizations that facilitate organ, eye or tissue procurement, banking ortransplantation.
- K. Research. We may use or disclose your PHI without your consent orauthorization if an Institutional Review Board or Privacy Board approves awaiver of authorization for disclosure. L.Health or Safety. We may use or disclose your PHI to prevent or lessen aserious and imminent threat to a person's or the public's health or safety.
- M. <u>Specialized Government Functions</u>. We may use and disclose your PHI tounits of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- **N.** <u>Workers' Compensation</u>. We may disclose your PHI as authorized by and tothe extent necessary to comply with state law relating to workers' compensationor other similar programs.
- O. <u>As Required By Law</u>. 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 WRITTENAUTHORIZATION

- A. <u>Use or Disclosure with Your Authorization</u>. We must obtain your writtenauthorization 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, other uses and disclosures of PHI not described in this Notice will be made only when you give us your writtenpermission on an authorization form ("Your Authorization"). For instance, you will need to complete and sign an authorization form before we can sendyour PHI to your life insurance company or to the attorney representing theother party in a lawsuit in which you are involved.
- B. Uses and Disclosures of Your Highly Confidential Information. Federaland state law requires special privacy protections for certain highlyconfidential information about you ("Highly Confidential Information"). This Highly Confidential Information may include the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental healthand developmental disabilities services; (3) is about alcohol and drug abuseprevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosisor treatment; (5) is about sexually-transmitted disease(s); (6) is aboutgenetic testing; (7) is about child abuse and neglect; (8) is about domesticabuse of an adult with a disability; or (9) is about sexual assault. In order forus to disclose your Highly Confidential Information for a purpose other thanthose permitted by law, we must have Your Authorization.
- C. Revocation of Your Authorization. You may withdraw (revoke) YourAuthorization, or any written authorization regarding your Highly ConfidentialInformation (except to the extent that we have taken action in reliance uponit) by delivering a written statement to your physician. A form of WrittenRevocation 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 informationabout your privacy rights, if you are concerned that we have violated yourprivacy rights, or if you disagree with a decision that we made about accessto your PHI, you may contact our Privacy Officer. Also, you may make acomplaint 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 PrivacyOfficer will provide you with the correct address for the Director. We will notretaliate against you if you file a complaint with us or the Director.
- Right to Request Additional Restrictions. You have the right to request arestriction on the uses and disclosures of your PHI (1) for treatment, paymentand health care operations purposes; and (2) to individuals (such as a familymember, other relative, close personal friend or any other person identified byyou) involved in your care or with payment related to your care. For example, you have the right to request that we not disclose your PHI to a health planfor payment or health care operations purposes, if that PHI pertains solely to ahealth care item or service for which we have been involved and which has beenpaid out of pocket in full. Unless otherwise required by law, we are required tocomply with your request for this type of restriction. For all other requests forrestrictions on use and disclosures of your PHI, we are not required to agreeto your request. If you wish to request additional restrictions, please obtain arequest form from your physician. We will send you a written response.

 C.Right to Receive Confidential Communications. You may request, and wewill accommodate, any reasonable written request for you to receive your PHIby alternative means of communication or at alternative locations.
- P. Right to Inspect and Copy Your Health Information. You may requestaccess to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, wemay deny you access to a portion of your records. If you would like to accessyour records, please obtain 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 onportable media; (3) our postage costs, if you request that we mail the copiesto 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 amendPHI maintained in your medical record file or billing records. If you desire amend your records, please obtain an amendment request form fromyour physician. We will comply with your request unless we believe that theinformation that would be amended is accurate and complete or other specialcircumstances apply.
- F. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during atwelve (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 provideyou with an opportunity to withdraw or modify the request.
- **G.** Right to Receive A Copy of this Notice. Upon request, you may obtain a copyof this Notice, either by email or in paper format. Please submit your request to:

Chief Privacy Officer
Chief Privacy Officer
4499 Medical Dr Ste 360,
San Antonio, TX, 78229-3857
210-615-1600
support@pediurologysanantonio.com

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

- **A.** Effective Date. This Notice is effective on August 1, 2022.
- **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.pediatrix.com/noticeofprivacypractices. You also may obtain any new notice by contacting the Chief Privacy Officer.

VII. PRIVACY OFFICER

You may contact the Chief Privacy Officer at:

Chief Privacy Officer
4499 Medical Dr Ste 360,
San Antonio, TX, 78229-3857
210-615-1600
support@pediurologysanantonio.com

