



Wildwood Physical Therapy Client Privacy Policy

As a client of Wildwood Physical Therapy LLC (hereinafter “Wildwood”), Patient (hereinafter “You”) have the following rights regarding the confidentiality of your personal information and communications with Wildwood staff and volunteers.

1. The information that you provide to Wildwood will be kept confidential in compliance with the Health Insurance Portability and Accountability Act (HIPAA), as amended, and subject to federal, state and local laws.
2. The information that you provide to Wildwood, including your name, phone number, and other personal information will not be shared with other individuals or agencies without your permission.
3. You may choose what information you want to provide to Wildwood. You will not be denied access to services if you choose to not provide certain identifying information. We obtain your voluntary consent to provide treatment, release medical records to the appropriate entities and those who you designate to provide health care treatment, payment, and daily operations of Wildwood.
4. To provide and administer our services on our Site, Wildwood may need to share your Personal Information with our partners and different service providers that we work with. This does not adversely affect your rights. Wildwood shall take all reasonable steps necessary to ensure transferred information is kept secure as required by applicable data privacy laws. Wildwood uses commercially reasonable efforts to safeguard the security of your information with physical, electronic, and managerial procedures. We may update browser requirements from time to time by posting a notice on the Site.
5. Please be advised that in certain circumstances, Wildwood may be required to disclose your Personal Information to governmental organizations, attorneys and private agencies that conduct relevant criminal and civil investigations, or otherwise as required by our legal obligations.
6. Your health information may be used to seek payment for your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated. Your health information may be disclosed to public health agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.
7. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice. As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form requesting access to your records by contacting us. We reserve the right to amend or modify our privacy policies and practices.
8. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact us.