



## Notice of Privacy Practices and HIPAA Compliance

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

### Our Responsibilities

WildStride Physical Therapy LLC is required by law to maintain the privacy and security of your protected health information (PHI). We are required to provide you with this notice of our legal duties and privacy practices with respect to PHI and to follow the duties and privacy practices described in this notice.

### Use and Disclosure of Your Health Information

We may use and share your information as we:

- Treat you and coordinate your care
- Run our organization (e.g., practice management, quality improvement)
- Bill for your services (only if applicable)
- Communicate with other healthcare providers or caregivers involved in your treatment
- Comply with state and federal laws, including public health and safety issues
- Respond to legal actions or law enforcement requests with proper documentation

### Your Rights Regarding Your Health Information

You have the right to:

- Get a copy of your medical record
- Ask us to correct incorrect or incomplete information
- Request confidential communications
- Ask us to limit what we use or share (we may not agree if it affects your care)
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- Choose someone to act for you (e.g., medical power of attorney)
- File a complaint if you believe your rights are violated



## Confidentiality and Safeguards

WildStride Physical Therapy LLC protects your information through secure storage systems, locked files, encrypted electronic communications, and restricted access to your records. All staff are trained on confidentiality and HIPAA compliance.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## Contact Us

For more information about this notice or to file a complaint, please contact:

WildStride Physical Therapy LLC

Email: [wildstridephysicaltherapy@outlook.com](mailto:wildstridephysicaltherapy@outlook.com)

Phone: 727-273-7414

Website: [www.wildstridephysicaltherapy.net](http://www.wildstridephysicaltherapy.net)

## Acknowledgment of Receipt

I acknowledge that I have received a copy of the Notice of Privacy Practices and understand my rights and protections under HIPAA.

Patient Name (Printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_