Wildflower Travel & Wellness Clinic
Patient Privacy Policy

Last updated: July 28, 2026

Protected Health Information (PHI) You Might Provide During an Appointment

- Name, phone number, address, email address, all dates (except year), medical record number, photos, account numbers.

You Have the Right To:

- Ask to see or get an electronic or paper copy of your vaccination and health medical record.
- Ask us to correct health information about you that you think is incorrect or incomplete.
- Ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Ask us not to share certain vaccination or health information, such as care you paid for fully out of pocket, unless sharing is required by state law.
- Ask for a list of the times we have shared your vaccination and health information for six years prior to the date you ask, who we shared it with, and why.
- Share your vaccination or health history with a medical provider of your choice.
- Have someone act as your medical power of attorney. If someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Receive a paper copy of this privacy policy.
- File a complaint if you feel your rights are violated. Contact the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

Situations Your Health Information May Be Shared

- To submit prescription medication requests to a pharmacy (for example, malaria medication).

- If you have given written or verbal permission to share your vaccination or health history with your medical provider, such as sending your vaccination record to your PCP office.
- As required or permitted by state law and reporting requirements. For example, vaccines administered at our clinic are reported to the Arizona State Immunization Information System (ASIIS), the statewide immunization registry: azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis
- To run clinic operations such as coordination between medical staff (for example, nurse to physician communication) or to collect outstanding payments.
- In response to legal orders and subpoenas.

We Will Never:

- Share your information for marketing purposes.
- Sell your information.
- Discuss your vaccination or health history with someone you did not approve us to speak with. *Parents or guardians of patients 17 years and younger are assumed to have the right to know their child's vaccination and health record without the child's permission.

Questions About Our Privacy Notice

Contact us by mail, phone or email.

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