



# HILGARTNER

## HEALTH & WELLNESS

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### **Terms and Conditions for Submitting Personal Information**

**Effective Date: November 7, 2024**

By submitting your personal information through this website form, you agree to the following terms and conditions:

- 1. Purpose of Submission** The personal information you provide will be used solely for the purpose of managing your healthcare needs, including scheduling appointments, and communicating with you about your health, and other activities related to providing healthcare services. By submitting this information, you acknowledge and consent to its use for these purposes.
- 2. Information Collected** The types of personal information we may collect include, but are not limited to:
  - Full name
  - Date of birth
  - Contact information (e.g., email address, phone number)
  - Health insurance information
  - Medical history
  - Current health concerns or symptoms
  - Other relevant health information
- 3. Privacy and Security** We take your privacy and the security of your information seriously. The personal data you submit will be stored securely and handled in compliance with applicable privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), where applicable. We use industry-standard encryption and security measures to protect your personal information during transmission and storage.
- 4. Data Sharing and Disclosure** Your personal information will not be shared with third parties unless necessary for the provision of healthcare services, or as required by law. This may include sharing your information with medical professionals, insurance providers, or other entities involved in your care. All third parties are required to maintain the confidentiality of your data in accordance with applicable laws.
- 5. Consent to Contact** By submitting your information, you consent to being contacted by our office via the contact information provided. This may include phone calls, emails, or other methods of communication regarding appointment reminders, test results, billing, or other healthcare-related matters.

6. **Accuracy of Information** You are responsible for providing accurate and complete information. If any of the information you submit changes, it is your responsibility to update us as soon as possible.
7. **Right to Access and Correct Information** You have the right to request access to and correction of the personal information you submit. If you wish to review or amend your information, please contact our office directly.
8. **Retention of Information** Your personal information will be retained for as long as necessary to fulfill the purposes outlined in these terms, or as required by law. After this period, your information will be securely disposed of in accordance with applicable privacy regulations.
9. **Changes to These Terms** We reserve the right to update or modify these terms at any time. Any changes will be posted on this page with an updated effective date. It is your responsibility to review these terms periodically to stay informed of any updates.
10. **Contact Information** If you have any questions or concerns about these terms, how we handle your personal information, or if you wish to withdraw your consent, please contact us at:

Hilgartner Health and Wellness

2 Cardinal Park Drive SE Suite 102-A, Leesburg, VA 20175

703.777.8891

[contact@hilgartnerhealth.com](mailto:contact@hilgartnerhealth.com)

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## Consent

By submitting your personal information through this website form, you acknowledge that you have read, understood, and agree to the terms and conditions outlined above.