

NOTICE OF PRIVACY PRACTICES

Effective Date: 2/18/2026

WildBerryMD

Operated by Sanz Inc.
Mailing Address Only:
8110 S Houghton Rd, Suite 158-535
Tucson, AZ 85747
Phone: 520-762-1557
Website: www.wildberrymd.com

WildBerryMD operates exclusively as a 100% online clinic providing services only to residents of the State of Arizona who are 18 years of age or older.

The address listed above is a mailing address only. WildBerryMD does not maintain a walk-in office and does not provide in-person services.

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. Please review it carefully.

Our Legal Duties

WildBerryMD is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of our privacy practices
- Notify you if a breach of unsecured PHI occurs
- Follow the terms of this Notice currently in effect

How We May Use and Disclose Your Health Information

Treatment: To provide weight loss, hormone optimization, and related wellness services, including sharing information with licensed providers, pharmacies (including compounding pharmacies), and laboratories as necessary.

Payment: WildBerryMD operates as a self-pay clinic and does not bill insurance. Limited information may be used to process payments. We do not store full credit card numbers.

Health Care Operations: For quality improvement, internal administration, compliance, and staff training.

As Required by Law: When required by federal or Arizona law, including public health reporting, court orders, law enforcement requests, or government oversight.

Business Associates: With secure vendors who assist in operating our online clinic and who are required to protect your information.

Electronic Communications: WildBerryMD provides services remotely through phone, video conferencing, email, and secure electronic messaging. While reasonable safeguards are used, electronic communications carry inherent privacy and security risks.

Your Rights

Under HIPAA, you have the right to:

- Access and obtain a copy of your PHI
- Request correction of inaccurate information
- Request restrictions on certain uses or disclosures
- Request confidential communication methods
- Receive an accounting of certain disclosures
- Obtain a paper or electronic copy of this Notice
- File a complaint without retaliation

To exercise your rights, contact us at 520-762-1557.

You may also file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights.

Changes to This Notice

We reserve the right to update this Notice at any time. Updated versions will apply to all PHI we maintain and will be available upon request or posted on our website.

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