SOLE SANCTUARY

PODIATRY | PATIENT PRIVACY

Notice of Privacy Practices

Effective date: October 27, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to patient health information maintained by Sole Sanctuary Podiatry, including medical and billing records in paper, electronic, verbal, photographic, and other forms. We protect your information under applicable federal and California law.

Privacy contact

Privacy Officer: Lorelei C. Achor, DPM, DABPM
Telephone: 949-528-8558
Email: info@solesanctuarypodiatry.com

Contact our Privacy Officer to ask questions, exercise the rights below, or make a privacy complaint. Please submit requests for records, amendments, restrictions, or an accounting in writing. We can help you make a request.

How we use and share information

Treatment. We use your information to evaluate and treat you and coordinate care. For example, we may send relevant examination findings to your surgeon, primary care provider, or physical therapist. Additional consent requirements may apply to specially protected records.

Payment. We use information to collect payment, issue receipts, and resolve billing questions. Sole Sanctuary Podiatry is a self-pay practice and does not accept insurance. If you request documentation for your own reimbursement claim, we may provide it to you. Other providers and organizations have their own billing and privacy practices.

Practice operations. We use information to manage appointments, review quality, maintain records, and administer the practice. Service providers who handle protected information on our behalf must have appropriate privacy safeguards and business associate agreements when required.

Communications. We may contact you about appointments, care, treatment options, or related services as permitted by law. Tell us your preferred contact method and any limits on voicemail or messages. Ordinary email and text may carry privacy risks; permission and communication preferences are handled separately. Signing the acknowledgment does not authorize unsecured communications.

Our responsibilities

We must protect your health information, give you this notice, and follow the notice currently in effect. We will notify you of a breach of unsecured protected health information when required by law. We limit access and disclosures as the law requires, including applying the minimum necessary standard when applicable.

Your Privacy Rights

Inspect and obtain records

You may request access to your medical and billing records, including an electronic copy in a readily producible format. Subject to lawful exceptions, California law generally requires inspection within five working days and copies within 15 days after receipt of your written request. We follow the applicable shorter deadline. Any permitted charge will comply with federal and California limits; some copies must be free. We do not withhold access because a treatment bill is unpaid. If access is denied, we will explain the reason and any available review rights in writing.

Request a correction

You may ask us to amend information you believe is incorrect or incomplete. We generally respond within 60 days; if a lawful extension is needed, we will explain it in writing. We may deny a request for reasons permitted by law, but will explain why and how to submit a statement of disagreement. California law may also allow you to add a written statement about disputed information.

Request confidential contact

You may ask us to contact you at a different address or telephone number or by a particular method. We accommodate reasonable requests. You do not have to explain why you want confidential communications.

Request limits on use or disclosure

You may request limits on how we use or disclose information for treatment, payment, or operations, or share it with people involved in your care. We are not required to accept every request. If we agree, we follow the restriction, subject to applicable exceptions such as emergency treatment.

If you pay for an item or service out of pocket in full, you may request that we not disclose information about it to your health plan for payment or health care operations. We must honor that request unless disclosure is required by law. Make the request before any disclosure. This restriction applies to our disclosures; ask other treating providers separately.

Obtain an accounting of disclosures

You may request an accounting of certain disclosures during the six years before your request. The accounting generally excludes disclosures for treatment, payment, and operations, disclosures you authorized, and other legally excluded disclosures. One accounting in a 12-month period is free. We will tell you about any permitted charge for additional accountings before proceeding.

Receive a copy and use a representative

You may obtain a paper copy of this notice promptly on request, even if you agreed to an electronic copy. A person with verified legal authority may exercise your rights as your personal representative, subject to legal exceptions. Special rules may limit parental access to certain records of minors.

Complain without retaliation

You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint/index.html, or by mail to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate, penalize you, or require you to waive your privacy rights for filing a complaint.

Other Disclosures and Your Choices

Uses and disclosures allowed or required by law

When all applicable legal conditions are satisfied, we may use or disclose information for public health reporting; reporting abuse, neglect, or domestic violence; product recalls or adverse drug reactions; preventing a serious and imminent threat; health oversight; workers' compensation; lawful law enforcement requests; and certain military, national security, or other specialized government functions.

We may disclose information to coroners, medical examiners, funeral directors, and organ procurement organizations as permitted by law. Research disclosures require your authorization or another legally valid basis and required safeguards. We disclose information when required by law, including to HHS for compliance reviews. Court orders, subpoenas, and other legal requests must satisfy applicable federal and California requirements; a request alone does not automatically permit disclosure.

Family and others involved in your care

With your agreement or an opportunity to object, we may share relevant information with people involved in your care or payment. When you cannot express a preference, we may share limited information based on professional judgment and your best interests, as permitted by law. Similar rules may apply to disaster relief. Tell us whom we may contact and any limits you want.

Information receiving additional protection

California law may provide stronger protection for information such as HIV test results, mental health information, genetic information, and certain reproductive health and minor consent records. We follow the more protective applicable rules, including obtaining specific authorization when required. General permission to discuss care does not replace a required special authorization.

If we maintain substance use disorder patient records protected by 42 CFR Part 2, those records receive additional safeguards. We will not use or disclose those records, or testimony describing their contents, in civil, criminal, administrative, or legislative proceedings or investigations against you without your specific written consent or a qualifying court order and subpoena or other required legal mandate. A general consent for treatment, payment, and operations does not authorize such use.

Uses requiring your written authorization

We obtain written authorization for uses and disclosures not otherwise permitted or required by law, including most uses or disclosures of psychotherapy notes, marketing requiring authorization, and sale of protected health information. Clinical photographs used for teaching, publicity, or testimonials require a separate authorization unless another lawful basis applies. You may revoke an authorization in writing, except to the extent we have already relied on it or another legal exception applies.

If we contact you for fundraising, you may opt out of future fundraising communications. If fundraising would use Part 2 records, we will first provide a clear opportunity to choose not to receive those communications. Your decision will not affect treatment or payment.

Changes to this notice

We may revise this notice and make lawful changes apply to information we already hold and information received later. The current notice will be available at our office, on request, and on our website if we maintain one. Each revised notice will state its effective date.

Acknowledgment of Receipt

Patient name: _____
Date of birth: _____

I acknowledge that I received a copy of Sole Sanctuary Podiatry's Notice of Privacy Practices with the effective date shown below. I understand that I may request another copy and contact the Privacy Officer with questions.

This acknowledgment confirms receipt only. It is not permission for uses or disclosures that require a separate authorization, consent to unsecured email or text messaging, or a waiver of my privacy rights.

Notice effective date: October 27, 2026

Patient or representative signature: _____
Date: _____

Printed name of representative if applicable: _____
Relationship and legal authority: _____

Office Use

Date notice provided or offered: _____
Method of delivery: _____

If acknowledgment was not obtained, document the good faith effort and reason, such as patient declined, emergency, or other circumstance.

Effort made and reason: _____
_____
_____

Staff name or initials: _____
Date: _____