Arizona Blood and Cancer Specialists, PLLC

Notice of Privacy Practices

Effective Date: 9/13/2026

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

State-law note: Your state may give you rights beyond federal law. See "Your State Rights and Additional Protections" below.

Your Choices

You have some choices in the way that we use and share information. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a facility directory

If you are not able to tell us your preference — for example, if you are unconscious — we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising: we may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you

We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your Rights — In Detail

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information. Under federal law we will usually respond within 30 days. *Under Arizona law we will provide access to your records promptly and within no more than seven business days, subject to specified exceptions.* We may charge a reasonable, cost-based fee as allowed by law.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing, generally within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way or to send mail to a different address.
- We will say “yes” to all reasonable requests. Where required by state law for sensitive services, we will honor your confidential communications request.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say “no” if it could affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative — for example, someone with your medical power of attorney or your legal guardian — that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with 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 https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your State Rights and Additional Protections

Your state's law may provide privacy protections stronger than federal law. Where state law imposes greater limits on how we may use or share your medical information, we follow state law. The protections below are the state-variable portion of this notice.

◆ — Arizona Greater-Limits Description

Written authorization for disclosures. Under Arizona's medical records confidentiality law (A.R.S. §§ 12-2291 through 12-2294), your medical records and payment records are privileged and confidential. Except as otherwise required or permitted by law, we will disclose your medical and payment information only pursuant to a written authorization signed by you or your health care decision maker. Arizona law also permits certain disclosures without your written authorization, including to providers currently or previously involved in your care, to your health plan, and as required by law or court order.

Records access. Under Arizona law (A.R.S. § 12-2293), upon your written request, we will provide access to or copies of your medical records and payment records promptly and within the time required by applicable law. Generally, records will be provided within seven (7) days of your request, although Arizona law provides specific deadlines for different types of records requests, including requests for records needed for upcoming medical treatment. We may deny access in the limited circumstances permitted by law.

Genetic testing information. Under Arizona law (A.R.S. § 12-2802), the results of a genetic test and information derived from genetic testing are confidential and privileged. We will not disclose this information, or release the identity of a person tested, except as specifically authorized by you or as permitted or required by law.

Mental and behavioral health information. Arizona law (A.R.S. § 36-509) provides additional confidentiality protections for certain behavioral health records maintained in connection with mental health treatment and limits the circumstances under which they may be released. We handle this information consistent with those requirements and disclose it only as authorized by you or as permitted or required by law.

HIV and communicable disease information. Under Arizona law (A.R.S. § 36-664), communicable disease information, including HIV-related information, receives heightened protection. A general authorization for the release of medical information is not sufficient to release HIV-related information; that release requires a specific authorization identifying its purpose as the release of confidential HIV-related information. We disclose this information only as specifically authorized or as permitted or required by law.

Filing a state-law concern. In addition to your right to file a HIPAA complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (described above), you may raise a state medical-privacy concern with the appropriate Arizona licensing or regulatory agency, or with

the Arizona Attorney General's Consumer Protection Division. Contact us for information about the appropriate agency for your provider or service. We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Arizona Blood and Cancer Specialists, PLLC: We use Navigating Care as our Patient Portal

Contact Information

If you have questions about this notice, wish to exercise your rights, or want to file a complaint, please contact our privacy contact:

Evelyn Brantley
Security and Privacy Officer for Arizona Blood and Cancer Specialists, PLLC
3945 East Paradise Falls, Suite 201
Tucson, AZ 85712
520-689-7022
Email: Evelyn.Brantley@oneoncology.com