

SKIN *and* CANCER CENTER *of* Arizona

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NOTICE OF PRIVACY PRACTICES

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.

Effective Date: June 1, 2026

OUR COMMITMENT TO YOUR PRIVACY

Skin and Cancer Center of Arizona ("SCCA" or "Practice") is required by law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices ("Notice"). This Notice explains how we may use and share your protected health information ("PHI"), your rights regarding that information, and our legal obligations under the Health Insurance Portability and Accountability Act ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), and applicable Arizona law, including but not limited to the Arizona Revised Statutes referenced herein.

All health care providers contracted with SCCA have agreed to follow the terms of this Notice. We have entered into written Business Associate Agreements with all third-party vendors and service providers that qualify as business associates under HIPAA — including our electronic health records system (ModMed) and our patient communication platform (Klara), to the extent they create, receive, maintain, or transmit PHI on our behalf — to ensure they protect your health information in accordance with HIPAA and applicable law.

We reserve the right to update this Notice at any time as permitted by law. Any updated version will apply to all health information we currently maintain as well as information we receive in the future. The most current version of this Notice is always available at our front desk and at skinandcancercenterofarizona.com.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

The following describes how we may use and share your health information without your written authorization.

Treatment. We may use and share your health information to provide you with medical care. This includes sharing information with physicians, nurses, and other members of your care team, as well as outside providers involved in your treatment, referrals, or consultations. We may communicate with you about your care through our patient communication platform, Klara, and through our electronic health records system, ModMed. If you receive services through telehealth, including virtual consultations conducted through Klara or any other platform we use, your health information generated during those encounters is subject to the same privacy protections described in this Notice, consistent with A.R.S. § 36-3602. Where required by Arizona law, we will obtain your consent before providing health care services through telehealth, and reports or records from telehealth encounters will be included in your record.

Payment. We may use and share your health information to bill and collect payment for services provided to you. This includes sharing information with your insurance company to obtain prior authorization, verify coverage, or process claims.

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Health Care Operations. We may use and share your health information to conduct the business activities necessary to operate our practice and ensure quality care. This includes quality assessments, credentialing, staff training, and compliance activities. We may also share your information with third-party business associates who perform services on our behalf, such as billing, transcription, and collection services. All business associates are required by written agreement to protect the privacy of your health information in accordance with HIPAA.

Family Members, Friends, and Caregivers. With your verbal agreement, or in certain situations permitted by law, we may share relevant health information with family members, friends, or others involved in your care or who help pay for your care. We may also use or share your information to notify or assist in notifying a family member, personal representative, or other person responsible for your care regarding your location, general condition, or death, including to disaster relief organizations.

If you have a healthcare power of attorney or advance directive on file, we will honor those documents in determining who may receive your health information, consistent with Arizona health care directives law, including A.R.S. §§ 32-3221, 3251, 3261 and 3281, and applicable HIPAA personal representative rules.

For minor patients, a parent or legal guardian generally has the right to access the minor's health information as a personal representative. However, where Arizona law permits a minor to consent to treatment without parental consent, or otherwise requires confidentiality for certain information, we will follow applicable Arizona law, court orders, and HIPAA personal representative rules in determining whether and to what extent information may be disclosed to a parent or legal guardian. This may include, for example, circumstances involving minor consent to treatment under A.R.S. § 44-132.01 and other applicable statutes.

Required by Law. We may share your health information when required to do so by federal or Arizona state law.

Public Health Reporting. We may share your health information with public health agencies as authorized by law, including reporting communicable diseases to state public health authorities.

Reporting Abuse or Neglect. If we believe you have been the victim of abuse, neglect, or domestic violence, we may share your health information with the appropriate government authority as required or permitted by law.

Health Care Oversight. We may share your health information with government agencies for oversight activities authorized by law, including audits, investigations, inspections, and licensure or disciplinary proceedings.

Legal Proceedings. We may share your health information in response to a court order or in the course of certain administrative or judicial proceedings.

Law Enforcement. We may share your health information with law enforcement officials for specific legally authorized purposes, such as reporting certain types of injuries.

Deceased Persons. We may share your health information with coroners, medical examiners, or funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. We may use and share your health information with organizations involved in organ, eye, or tissue procurement, transplantation, or banking.

Research. Under certain circumstances, we may share your health information with researchers conducting approved research projects. In some cases, an Institutional Review Board or Privacy Board may authorize use of your health information without your individual authorization.

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Serious Threats to Health or Safety. If there is a serious and imminent threat to your health or safety or the health or safety of another person or the public, we may share your health information in a limited manner with those in a position to help prevent or lessen the threat.

Specialized Government Functions. In certain circumstances, we may use or share your health information with authorized federal officials for national security activities or other specialized government functions authorized by HIPAA.

Inmates. If you are an inmate of a correctional institution or in the custody of law enforcement, we may share your health information with the correctional institution or law enforcement official as necessary for your health care or the safety of others.

Workers' Compensation. We may share your health information as required by workers' compensation laws or similar programs.

IMPORTANT NOTICE REGARDING ARIZONA LAW AND SPECIAL CATEGORIES OF HEALTH INFORMATION

Arizona law and certain federal laws impose additional requirements that are more restrictive than HIPAA regarding specific categories of health information. Where such restrictions apply, we will not share your health information without your written authorization except as specifically permitted by law. These categories include:

Communicable Disease and HIV-Related Information. Communicable disease related information, including HIV-related information, is subject to heightened protections under A.R.S. § 36-664 and may not be disclosed without your specific written authorization except in circumstances expressly permitted by Arizona or federal law.

Mental Health Records. Mental health treatment records are subject to additional protections under A.R.S. § 36-509 and Arizona's mental health confidentiality statutes. Disclosure of such records requires your written authorization except as otherwise required or permitted by state or federal law, including HIPAA.

Substance Use Disorder Records. If SSCA creates, receives, or maintains records subject to federal substance use disorder confidentiality laws, including 42 C.F.R. Part 2, those records will be handled in accordance with those laws. Where applicable, and with your written consent, Part 2 records may be used and disclosed for treatment, payment, and health care operations as permitted by federal law. Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order and subpoena as required by applicable law.

Genetic Information. Genetic test results are subject to additional protections under Arizona law, including A.R.S. §§ 12-2802 and 2803, and may not be disclosed without your written authorization except as specifically permitted by applicable law.

Developmental Disability Records. Records related to developmental disability treatment or services are subject to additional confidentiality protections under Arizona law, including A.R.S. § 36-568.01, and require your written authorization for disclosure except as otherwise permitted or required by law.

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USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Any use or disclosure of your health information not described above requires your specific written authorization. This includes:

Psychotherapy Notes. We generally do not maintain psychotherapy notes. If we do, we will not use or share them without your written authorization except as permitted by law.

Marketing. We will not use or share your health information for marketing purposes without your written authorization except as permitted by law.

Sale of Health Information. We will not sell your health information without your written authorization except as permitted by law.

You may revoke any authorization you have given us at any time by submitting a written request to our Privacy Officer at the address below. Revocation will not affect any actions already taken in reliance on your prior authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

All requests to exercise the rights described below must be submitted in writing to:

Skin and Cancer Center of Arizona Attention: Privacy Officer 725 South Dobson Road, Suite 200 Chandler, Arizona 85224

Right to Request Restrictions. You may request that we limit how we use or share your health information for treatment, payment, or health care operations. We are not required to agree to your request in most cases. However, if you request that we not share information with your health insurance company for a service you paid for in full out of pocket, and the disclosure is not otherwise required by law, we are required to honor that request.

Right to Request Confidential Communications. You may request that we contact you in a specific way or at a specific location. We will honor reasonable requests without requiring you to explain your reason.

Right to Inspect and Copy. You have the right to inspect and receive a copy of your health information. In accordance with A.R.S. § 12-2293, we will respond to your request within a reasonable time and as required by HIPAA and applicable Arizona law. Fees for copies of records are subject to the limitations set forth under Arizona law and HIPAA, as applicable. You may request access in an electronic format, and you may request that we send a copy directly to another person or entity you designate in writing.

In limited circumstances we may deny your request. If denied, you may request a review by a licensed health care professional who was not involved in the original denial decision. We will comply with the outcome of that review.

Right to Request Amendment. You may request that we correct or amend health information you believe is inaccurate or incomplete. Your request must be made in writing and include your reason for the request. We may deny your request under certain circumstances and will explain our basis for doing so. You have the right to submit a written statement of disagreement that will become part of your medical record.

Right to an Accounting of Disclosures. You may request a list of certain disclosures we have made of your health information. Your request must specify a time period, which may not go back further than six years. We will provide

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one accounting per year at no charge. For additional accountings within the same year, we may charge a reasonable cost-based fee and will notify you of the cost before proceeding.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically. A copy is available at our front desk and at skinandcancercenterofarizona.com.

Right to Notification of a Breach. In the event of a breach of your unsecured protected health information, we will notify you and, where required, the U.S. Department of Health and Human Services and other required parties in accordance with HIPAA and applicable Arizona law. To the extent A.R.S. § 18-552 applies, Arizona law requires certain notifications within 45 days after determining that a security breach occurred. If notification is required to more than 1,000 individuals, Arizona law also requires notification to specified consumer reporting agencies, the Arizona Attorney General, and the Arizona Department of Homeland Security. HIPAA-covered entities and business associates that comply with applicable HIPAA breach-notification requirements are exempt from A.R.S. § 18-552.

HOW WE COMMUNICATE WITH YOU

We may contact you by phone, text message (including through Klara), email, or patient portal for appointment reminders, health-related communications, and billing matters. If you prefer to be contacted in a different way or at a different location, please notify us in writing and we will make reasonable accommodations.

Please be aware that some forms of electronic communication, such as standard email or text messaging, may not be fully secure. We will use reasonable safeguards when communicating with you electronically and will honor reasonable requests for confidential communications as required by HIPAA.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint with us, please contact:

Skin and Cancer Center of Arizona Attention: Privacy Officer 725 South Dobson Road, Suite 200 Chandler, Arizona 85224 Phone: (480) 899-7546

You will not be penalized or retaliated against in any way for filing a complaint.

CONTACT INFORMATION

For questions or concerns about your privacy rights or this Notice, please contact our Privacy Officer at (480) 899-7546 or in writing at the address above.