January 1, 2026

NOTICE OF PRIVACY PRACTICES

Lancaster Cancer Center (LCC)
703 Lampeter Road, Lancaster, PA 17602

THE ABOVE IS ONLY A SUMMARY OF THE RIGHTS AND OBLIGATIONS WITHIN THIS NOTICE. PLEASE READ CAREFULLY THE ENTIRE NOTICE THAT FOLLOWS.
WE WELCOME ANY QUESTIONS YOU MAY HAVE.

WHAT IS THIS NOTICE FOR? This is our *SUMMARY* of our Notice of Privacy Practices (Notice) describes how LCC (We or Us) may use and disclose your medical information that we maintain and how you can get access to this information. The full Notice is available in our waiting room or upon request.

WHO ARE WE? LCC is a medical oncology & hematology practice which consists of all employed doctors, nurses, and other healthcare professionals. This Notice applies to these individuals as well as all services that are provided to you at our facility.

WHY DO YOU NEED THIS NOTICE? The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act and HIPAA Omnibus, places certain obligations upon us with regard to how we may use and disclose your ***personal health information*** (PHI). Your PHI includes medical information about you such as your medical record and the care and services you have received as well as genetic information. We are committed to **maintaining the privacy** of your PHI. When we need to use or disclose it, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless otherwise permitted by law.

WHEN CAN WE USE/DISCLOSE YOUR PHI? There are certain uses and disclosures of your PHI that we may undertake **without your written or other authorization.** These uses and disclosures may be for purposes such as to provide you with treatment, obtain payment for services we have provided, and other health care operations (such as administration, quality improvement, cost studies and other activities designed to improve the care we provide to all our patients). Some other examples include: PHI made known to those who accompany you to treatment, public health officials, reporting of abuse or neglect as may be required by law, judicial and administrative proceedings, law enforcement officials, workers' compensation, and other individuals and activities as set forth in this Notice. Individuals who may have access to your information **without your written or other authorization** may include other doctors, nurses, health care students, and hospital staff.

WE MUST OBTAIN YOUR WRITTEN AUTHORIZATION FOR ANY USE OR DISCLOSURE NOT SET FORTH IN THIS NOTICE. You may revoke this authorization AT ANY TIME. In addition to obtaining your written authorization for uses or disclosures not described in this Notice, we generally will also need to seek your written authorization or approval prior to disclosing the following information:

- HIV/AIDS related information
- Sexually transmitted disease information
- Psychotherapy notes
- Mental health information
- Drug & alcohol information
- Genetic information

We will also seek your **written authorization** for any "marketing" activities we may conduct or where we would receive money for providing a third party with your PHI.

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WHAT RIGHTS DO YOU HAVE FOR YOUR PHI? You have the right to ask us to limit certain uses and disclosures of your PHI. We will consider ALL requests but may not be *required* to agree to your requested limitations. You also have the right to inspect and receive copies of your PHI, the right to request a change or amendment be made to your PHI, the right to an accounting (a list) of certain disclosures of your PHI, and the right to revoke any authorization you may have made to the extent we have not yet relied upon it. You also have the right to receive a paper copy of this Notice at any time.

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge YOU:

* Actual mailing & delivery fees
* Pages 1 – 20 - $1.83 per page
* Pages 21 – 60 - $1.36 per page
* pages 61 & beyond - $.47 per page
* We will also charge third party patient designees, such as attorneys, a $27.14 retrieval fee. Electronic medical record - $6.50 per disc and mailing fees

If you request an alternative format, and we are able to comply, we will charge a cost-based fee for providing your health information in that format. There are various exceptions and provisions of state and federal statutes that govern the control of, and charging for, medical records. We cannot possibly note them all here. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

CAN WE CHANGE THIS NOTICE? We may change this Notice *at any time.* The revised Notice will apply to all PHI that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice. You may obtain the new Notice in hard copy as well from our Privacy Office.

ADDITIONAL INFORMATION/COMPLAINTS. You may contact our Compliance Officer if you wish any additional information or have questions concerning this Notice or your PHI. If you feel that your privacy rights have been violated, you may also contact our Compliance Officer to request an incident form or file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. **We will NOT retaliate against you if you file a complaint with us or the Office of Civil Rights.**

If you have any questions regarding this notice, you may contact our Compliance Officer, Lori Gerhart, at:

Address: Lancaster Cancer Center
Attention: Compliance Officer
703 Lampeter Road
Lancaster, PA 17602

Telephone: 717.291.1313 ext. 108 Fax: 717.735.8351

Patient Signature: _____ Date: _____