

Exhibit A

INTERPACE DIAGNOSTICS 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.

Interpace Diagnostics Group, Inc. (Interpace, we, or us) provides laboratory testing to ordering authorized healthcare providers and may obtain patient personal information, laboratory test results, and other health information about patients referred to us (you).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires health care organizations, including Interpace to provide you with notice of our legal duties and privacy practices regarding your protected health information (PHI). Interpace is committed to the privacy of your PHI and will endeavor to ensure the confidentiality of your PHI in accordance with law.

Uses And Disclosures Of Health Information Permitted by Law

Your PHI may be used and disclosed for treatment, payment, healthcare operations, and other purposes permitted or required by law. Certain types of protected health information have additional protection under state or federal law. For example, information about genetic testing and mental health treatment or conditions may have added protection. To disclose this type of information to others, we must get your authorization as described below.

We may use and disclose your PHI for the following purposes:

- 1. Treatment.** We may use or disclose your PHI for treatment purposes. For example, we may use your PHI to perform our testing services and disclose your PHI, including laboratory test results, to physicians and other health care providers involved in your care. For example, we grant your physician access to your laboratory results to assist in your treatment and for follow-up care.
- 2. Payment.** We may use or disclose your PHI to obtain payment for health care services we provide. For example, we may disclose your information to your health plan to receive payment for the services provided to you.
- 3. Health Care Operations.** We may use and disclose your PHI for our health care operations. These activities include, for example, monitoring the quality of our testing services, reviewing the competence or qualifications of laboratory professionals, conducting training programs, performing accreditation, certification, licensing and credentialing activities, and other administrative functions. We may disclose protected health information to outside companies to support our health care operations, such as to obtain data analysis, accounting, or legal services, but we will only do so after they have signed an agreement stating that they will abide by our privacy policy.
- 4. Personal Representatives.** We may disclose PHI about you to your authorized personal representative, as defined by applicable law, or to an administrator, executor, or other authorized person responsible for your estate.
- 5. Minors' PHI.** As permitted by federal and state law, we may disclose PHI about minors to their parents or guardians.

6. Persons Involved in Your Care or Payment for Your Care. We may disclose your PHI to a person involved in your care or payment for your care, such as a family member or close friend. We may use or disclose your PHI for disaster relief efforts or to notify a family member or close friend of your location or general condition. If you do not want us to use or disclose your PHI in these ways, you must notify us using the contact information at the end of this Notice.

7. Communications About Our Products and Services. We may use and disclose your PHI to contact you about our products and services which we believe may be of interest to you where you have signed an authorization which permits use of medical information.

8. Disclosures to Business Associates. We may disclose your PHI to other companies or individuals, known as “business associates,” who need your information to provide services to us. For example, we may use another company to perform billing services on our behalf. Our business associates are required to protect the privacy of your PHI.

9. As Required by Law. We must disclose your PHI when required to do so by any applicable federal, state or local law.

10. Public Health Activities. We may disclose your PHI for public health-related activities. Examples of these activities include: reporting diseases to authorized public health authorities; if authorized by law as part of a public health investigation, notifying individuals that they may be at risk of contracting a disease; and notifying a manufacturer of a product regulated by the U.S. Food and Drug Administration of a possible problem encountered when using the product in our testing process.

11. Health Oversight Activities. We may disclose your PHI to a health care oversight agency for activities that are authorized by law, such as audits, investigations, inspections, and licensure activities. For example, we may disclose your PHI to agencies responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

12. Research. Under certain conditions, we may use or disclose PHI for research purposes. We may allow researchers to look at PHI to develop a study, identify prospective research participants, or for similar purposes provided that the information is not removed from our premises. We will not allow PHI to be used or disclosed for any other research activity unless: (1) a special committee reviews the planned research and decides that the research poses little risk to privacy and that there is an adequate plan to safeguard the PHI; (2) the researcher will be given only information that does not directly identify individuals; or (3) where the information concerns deceased individuals, the researcher gives us assurances that the information is necessary for the research and will be used solely for the research.

13. Organ or Tissue Procurement. We may disclose PHI to organ procurement organizations or related entities for the purpose of facilitating organ or tissue donation and transplantation.

14. Disclosures to Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to coroners or medical examiners for the purpose of identifying an individual, determining cause of death, or other duty authorized by law.

15. Judicial and Administrative Proceedings. Under certain circumstances, we may disclose your PHI in the course of a judicial or administrative proceeding in response to a court order, subpoena, or other lawful process.

16. Law Enforcement. We may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order, warrant, subpoena, summons, or similar process authorized by law. Under certain circumstances, we also may disclose PHI to law enforcement officials when the information is needed to: identify or locate a missing person or a suspect, fugitive, or material witness; determine whether an individual has been a victim of a crime; determine if a death resulted from criminal conduct; or investigate suspected criminal activity on our premises.

17. Serious Threats to Health or Safety. We may disclose PHI if necessary to prevent or reduce the risk of a serious and imminent threat to the health or safety of an individual or the general public.

18. Victims of Abuse, Neglect, or Domestic Violence. If required or authorized by law, we may disclose PHI to a government agency, such as social services or a protective services agency, if we reasonably believe that an individual is the victim of abuse, neglect, or domestic violence.

19. Specialized Government Functions. Under certain circumstances, we may disclose your PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State, in response to requests.

20. Workers Compensation. We may disclose your PHI as necessary to comply with requirements of workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault.

All Other Uses and Disclosures of PHI (Requiring Authorization). For any purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, we will ask for your authorization before using or disclosing PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except that a revocation will not affect any use or disclosures we have made in reliance on your authorization.

Your Rights

You have the following rights with respect to your PHI, unless subject to a legal exception. To exercise any of these rights, please contact us using the contact information listed below.

1. Right to Receive a Copy of the Interpace Diagnostics Notice of Privacy Practices - You have a right to receive a copy of our Notice of Privacy Practices at any time by contacting us at the address specified below. This Notice will also be posted on our internet site at www.interpacediagnostics.com.

2. Access to PHI. You or your authorized or designated personal representative have the right to inspect or obtain a copy of your PHI, such as medical records and billing information maintained by us. Prior to granting access, we must reasonably verify your identity to allow us to validate the requested access. We will provide access to properly requested information within 30 days, unless we provide written notice to you of the reasons for a delay and the date by which we will provide access. We may deny access to certain information under exceptions established in state or federal law. For example, exceptions include a determination by a licensed health care professional that the requested access is reasonably likely to endanger the life or safety of you or another person. You have the right to access and receive your PHI in an electronic format if it is readily producible in such a format. To request a copy of your PHI please contact Interpace by email at clientservices@interpacedx.com, by phone at 412-224-6900, or online at <https://www.interpacediagnostics.com/contact>.

2. Restrictions on Uses and Disclosures. You have the right to request restrictions on our use and disclosure of your PHI. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If we do agree to a requested restriction, we will notify you in writing.

3. Confidential Communications. You have the right to request that we communicate with you about your PHI by alternative means or to an alternative address. Your request must be in writing and must specify the alternative means or location. We will accommodate reasonable requests for confidential communications.

4. Correct or Update Information. If you believe PHI or billing information about you contains an error, you may request that we correct or update your information. Your request must be in writing and must explain why the information should be corrected or updated. We may deny your request under certain circumstances. If we deny your request, we will provide you with a written explanation for the denial.

5. Accounting of Disclosures. You may request a list, or accounting, of certain disclosures of your PHI made by us or our business associates for purposes other than treatment, payment, healthcare operations, and certain other activities. The request must be in writing, and the list will include disclosures made in the past six years, unless you request a shorter period of disclosures.

Questions and Complaints

If you want more information about our privacy practices pertaining to PHI, or have general questions or concerns, please contact us using the contact information listed below:

Interpace Diagnostic Group, Inc.
Attention: Privacy Officer
2515 Liberty Avenue
Pittsburgh, PA 15222

Changes to Our HIPAA Privacy Notice

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice.

If we make changes to this Notice, we will promptly post a copy of the updated Notice on the Interpace website. Please review our website (www.interpacediagnostics.com) periodically to ensure that you are aware of any updates.

EFFECTIVE DATE OF THIS HIPAA PRIVACY NOTICE: May 15 2019