

**Exhibit A**

**CREEHAN AND COMPANY CORPORATION**  
**NOTICE OF PRIVACY PRACTICES**

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**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***

**Background**

When this Notice refers to creehan & company, it is referring to creehan & company and Company Corporation.

Effective April 14, 2003, the law requires that creehan & company and all of creehan & company's employees, staff, volunteers and business associates maintain the privacy of your personal health information, which is also known as Protected Health Information ("PHI"). PHI is information that may identify you and relates to your past, present or future personal information, physical and/or mental health condition(s) or any health care services you receive. creehan & company must provide you with written notice of creehan & company's privacy practices with respect to PHI when creehan & company is acting as a Covered Entity, rather than a Business Associate of another Covered Entity. This NOTICE OF PRIVACY PRACTICES ("Notice") serves that purpose and describes how creehan & company uses and discloses PHI to deliver health care services, receive payment(s) for those services, perform health care operations and for other specific purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI.

The law also requires that creehan & company comply with the terms of this Notice. The policies outlined in this Notice apply to all PHI maintained by creehan & company, whether recorded in your medical record manually or electronically. Similarly, the outlined policies apply to PHI gathered from other

organizations and health care professionals who participate in your health care. creehan & company will not use or disclose your PHI without your written authorization, except as described in this Notice.

**USES AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION  
BY CREEHAN**

1. In the normal course of delivering health care services to you, creehan & company is permitted or required to use or disclose your PHI without obtaining your specific authorization and without offering you the opportunity to object. These circumstances include:
  - a. Uses or disclosures for purposes relating to your treatment, payment for your health care and creehan & company's day-to-day health care operations:
    - i. Treatment. creehan & company may use or disclose your PHI for the purposes of managing, providing and coordination of your health care treatments. An example would be if creehan & company discloses your insurance coverage to your primary care physician to properly fill a prescription. Also, creehan & company may contact you with refill reminders or information about recalls, side effects, medication alternatives or other health-related benefits and services that may be of interest to you.
    - ii. Payment. creehan & company may use or disclose your PHI for the purpose of securing payment for the health care services provided to you by creehan & company or a Covered Entity that has engaged creehan & company as a Business Associate. For example, creehan & company may inform your health insurance company about your diagnosis and prescriptions in order to assist the insurer in processing claims for medications or other health care services provided to you by a pharmacy or other health care provider. Payment also includes all related activities,

such as, billing, claims management, collections activities, utilization reviews, disclosures to consumer reporting agencies and collection agencies as necessary.

- iii. Health Care Operations. creehan & company may use or disclose your PHI for the purposes of creehan & company's day-to-day operations and functions. creehan & company may also disclose your health information to another one of your health care providers or your health insurance company, to allow them to perform their day-to-day functions. For example, creehan & company may compile your health information, along with that of other patients, in order to conduct a clinical review and make suggestions concerning ways to improve the quality of care provided by your health care providers.
- b. To create reports that have had any information that could be used to identify you removed from them as they are created.
- c. When required by any law, rule, regulation or a governmental body, such as a State Board of Pharmacy, State Controlled Substance Reporting Agency, the Drug Enforcement Administration, the Food and Drug Administration or any other similar agency with the authority to request and receive your PHI;
- d. For public health purposes such as reporting adverse events, post marketing surveillance and product recalls;
- e. To disclose information about victims of abuse, neglect, or domestic violence;
- f. For health oversight activities, such as Medicare or Medicaid audits or civil, administrative or criminal investigations;
- g. For judicial, law enforcement or administrative proceedings;
- h. For certain research projects that have been evaluated and approved through a research approval process that takes into account each patient's privacy rights;

- i. To avert a serious threat to health or safety;
  - j. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
  - k. For workers' compensation purposes, as permitted by law.
  - l. For disclosures to business associates of creehan & company, such as organizations that help creehan & company with electronic claims submissions to your health insurance plan or organizations that print and distribute personalized, written, health education materials on behalf of creehan & company or a Covered Entity that has engaged creehan & company as a business associate. creehan & company requires all of its business associates to appropriately safeguard your PHI.
  - m. To any entity that merges with or purchases the assets or stock of creehan & company.
2. creehan & company may also use or disclose your PHI in the certain circumstance to assist or deliver your health care. Except in emergency situations, creehan & company will attempt to inform you of the intended disclosure prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.
- a. With your formal, informal, verbal or written permission, creehan & company will disclose PHI to those caregivers, personal representatives, relatives or close personal friends that are involved in your health care or payment for your health care.
  - b. If you are incapacitated, creehan & company's employees will use their professional judgment when they feel it is necessary to disclose to your caregivers, personal representative, relatives or close personal friends, any PHI that is necessary for the provision of, or payment for, your health care. creehan & company may also use and disclose your PHI for the purpose of locating and notifying your caregivers, relatives or close personal friends of your location, general

condition or death, and to organizations that are involved in those tasks during disaster situations.

Except as described above, disclosures of your PHI will be made only with your written authorization. You may revoke an authorization at any time, in writing, unless creehan & company has taken action in reliance on your prior authorization, or if you signed the authorization as a condition of obtaining your insurance coverage.

## **YOUR PRIVACY RIGHTS**

1. To Request Restrictions. For as long as creehan & company maintains your PHI, you have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health care operations purposes or notification purposes. creehan & company is not required to agree to your request but all attempts will be made to honor all reasonable requests. If creehan & company agrees to your requested restriction, creehan & company will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the creehan & company Privacy Officer listed on the final page of this Notice.
2. To Limit Communications. For as long as creehan & company maintains your PHI, you have the right to receive confidential communications about your PHI by reasonable alternative means or at alternative locations. This means that you may, for example, designate that creehan & company contact you only via e-mail, or at work, rather than at home. To request communications via alternative means or at alternative locations, you must make a verbal request of creehan & company and may be asked to submit a written request to the creehan & company Privacy Officer listed on the final page of this Notice. All reasonable requests will be granted.
3. Access and Copies of Your PHI. For as long as creehan & company maintains your PHI, you have the right to inspect and copy any PHI about

you, other than psychotherapy notes, information compiled in anticipation of, or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your PHI, or to receive a copy of your PHI, you should make a verbal request of creehan & company and may be asked to submit a written request to the creehan & company Privacy Officer listed on the last page of this Notice. If you request copies of your PHI, you will be charged creehan & company's regular fee for copying and mailing the requested information.

Despite your general right to access your PHI, access may be denied by creehan & company in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if an applicable law or rule prohibits your access.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) if you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original denial decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

4. To Request Amendment. For as long as creehan & company maintains your PHI, you may request that your PHI be amended. Your request may be denied if the PHI in question was not created by creehan & company (unless you show that the original source of the information is no longer available to seek amendment from), is not part of creehan & company's records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your PHI is denied by creehan &

company, you may submit a written statement disagreeing with the denial, which creehan & company will keep on file and distribute with all future disclosures of the PHI to which it relates. Requests to amend PHI must be submitted in writing to the creehan & company Privacy Officer listed on the final page of this Notice.

5. Accounting of Disclosures. You have the right to an accounting of any disclosures of your PHI made by creehan & company at any time after September 1, 2006, during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for or reported to you: (i) disclosures made for the purpose of carrying out Treatment, Payment or Health Care Operations, (ii) disclosures made to you, (iii) disclosures made to persons involved in your care, or for the purpose of notifications of your family or friends, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to September 1, 2006, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks creehan & company not to account to you for such disclosures. The accounting will include the date of each disclosure, the name of the entity or person who received the PHI, that recipient's address (if known), and a brief description of the PHI disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the creehan & company Privacy Officer listed on the final page of this Notice.
6. To a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.

## **CREEHAN'S DUTIES**

1. creehan & company is required by law to maintain the privacy of your PHI and to provide you with this Notice of creehan & company's legal duties and privacy practices when creehan & company is acting as a Covered Entity, rather than a Business Associate of another Covered Entity. This notice may be amended by creehan & company as necessary and any modifications will apply to all PHI maintained by creehan & company at the time of the modification.
2. creehan & company is required to abide by the terms of this Notice. Any changes to this Notice will be posted on creehan & company's website at [www.creehan.com](http://www.creehan.com), at all creehan & company facilities and is always available from creehan & company upon request.

## **COMPLAINTS**

You can complain to creehan & company and/or the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with creehan & company, please file a written complaint with the creehan & company Privacy Officer set forth below. This creehan & company Privacy Officer can also provide you with further information about creehan & company's privacy policies upon request. No action will be taken against you for filing a complaint or asking questions.

## DESIGNATED CREEHAN PRIVACY CONTACT

PRIVACY OFFICER

(724) 743-9154

(Telephone Number)

(724) 743-9167

(Fax Number)

[Privacy.Officer@creehan.com](mailto:Privacy.Officer@creehan.com)

(E-Mail Address)

c/o creehan & company and Company Corporation

151 Hillpointe Drive

Canonsburg, PA 15317

(Address)

**PERFORATED POSTAGE PAID POST CARD**

**ACKNOWLEDGEMENT OF RECEIPT OF CREEHAN NOTICE OF PRIVACY PRACTICES**

I have received and read the attached creehan & company Notice of Privacy Practices. I have the following privacy-related comments for creehan & company:

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\_\_\_\_\_  
Signature

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Print

\_\_\_\_\_  
Date

Please return this Acknowledgement to:

**creehan & company and Company Corporation  
Attn: Privacy Officer  
151 Hillpointe Drive  
Canonsburg, PA 15317**