

PRIVACY RIGHTS REQUEST FORM

By using this form, you may elect to exercise some of your privacy rights as a California resident. **Instructions:** Please complete the required fields below. In the event of multiple accounts, please provide all numbers to which your request relates. We will use and retain the information collected on this form only to process your request. Once completed please send the form by regular mail addressed to DAS Services, LLC, Attn: Security Administrator, 1000 N. Ashley Drive, Suite 300, Tampa, Florida 33602.

First Name: _____

Middle Name: _____

Last Name: _____

State of Residence: _____

CA – I certify that I am a CA resident

Other - This request is not available in other jurisdictions

E-mail Address: _____

Phone Number: _____

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Client/Vendor Name: _____

How would you like us to contact you in regards to this request?

Phone number

By letter to your address listed above

Email address

If you provided an email address to us as part of submitting this request, you consent to receive electronic communications (email) from us regarding your request.

I am a:

Healthcare Provider



- Current Employee or Contractor
- Former Employee or Contractor
- Business Partner
- Authorized Agent submitting a request on behalf of another
- Other: _____

Please select the type of request you wish to make:

- Request to know about personal information collected
- Request deletion of personal information
- Request correction of personal information

If you selected *Request to know about personal information collected*, please fill out the below:

Please let us know what information you are requesting:

- The categories of personal information we have collected about you.
- The categories of sources from which we have collected personal information about you.
- The purposes for which we collected personal information about you.
- The categories of third parties with whom we have shared personal information about you.
- Specific pieces of personal information that we have collected about you relating to: *(Please describe the information you are requesting in 180 words or less)*

We will comply with your request to access your personal information unless the personal information you request is outside the scope of California's privacy laws, is otherwise exempt from disclosure, or we cannot confirm your identity. Note that California law prohibits us from disclosing any Social Security numbers, driver's license numbers or other government-issued identification numbers, financial account numbers, health insurance or

medical identification numbers, an account password, security questions and answers, or unique biometric data.

Please confirm your identity:

In order to protect your information and your privacy, please provide the following information so that we can verify your identity. If we cannot confirm your identity using this information, we will contact you for additional information. If we are unable to verify your identity, we may be prohibited from fulfilling your request.

Name of the account representative listed on your account:

Delivery of specific pieces of information:

If you are requesting to know the specific pieces of information we have collected about you, please let us know how you would like to receive that information:

Paper

Electronic

If you selected *Request deletion of personal information*, please fill out the below:

When you submit a request to delete, we will delete all personal information that we have collected about you, unless: (i) we must or are permitted to keep the information by law or regulation; (ii) your request to delete personal information is outside the scope of California's privacy laws; or (iii) we cannot confirm your identity. We will maintain a record of your request to delete.

Please confirm your identity:

In order to protect your information and your privacy, please provide the following information so that we can verify your identity. If we cannot confirm your identity using this information, we will contact you for additional information. If we are unable to verify your identity, we may be prohibited from fulfilling your request.

Name of the account representative listed on your account:

If you selected *Request correction of personal information*, please fill out the below:

When you submit a request to correct, we will correct the personal information that we have collected about you in the manner requested. Please note that the right to correction under the law is not absolute and we may deny your request if: (i) we determine that the contested personal information is more likely than not accurate based on the totality of the circumstances; (ii) we

have denied a request to correct the same alleged inaccuracy in the past 6 months and you have not provided additional documentation to support the request; or (iii) we have a good faith, reasonable and documented belief that the request is fraudulent or abusive.

Please confirm your identity:

In order to protect your information and your privacy, please provide the following information so that we can verify your identity. If we cannot confirm your identity using this information, we will contact you for additional information. If we are unable to verify your identity, we may be prohibited from fulfilling your request.

Name of the account representative listed on your account:

Please describe the information to be corrected:

In order to correct your information, please provide a description of the information to be corrected and provide any documentation that supports your request:

Note that we may request further documentation to support your request before we can fulfill your correction request.

Submit a request on behalf of some else

If you are requesting personal information on behalf of someone else, please e-mail a copy of your signed authorization letter to privacy@dashealth.com. We may require the person to verify their identity with us directly and that you have been authorized to submit a request on their behalf. If we verify that you are authorized to know the requested personal information, we will contact you to collect additional information.

Declaration under penalty of perjury

By submitting this form, you agree, on penalty of perjury or other criminal offense under applicable law, either that you are the individual about whom this request for personal information relates, or that you are authorized by that individual to make this request on their behalf.