



## 1. Requestor information

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

City and state of residence: \_\_\_\_\_

## 2. Are you the consumer?

Yes, I am making a request related to personal information about me.

No, I am acting as an authorized agent for the consumer. I have enclosed a *California Authorized Agent Designation* form completed and signed by the consumer.

## 3. Consumer information (if different from requestor)

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

City and state of residence: \_\_\_\_\_

## 4. Request for online activity information

If your request applies to online activity information that CareXm may have collected through cookies or similar technologies, you *must* make your request from the browser or device that you have previously used to access CareXm's websites or apps. This allows us to read any identifier that we have assigned to your browser or device.

## 5. Specify the request(s) — check all that apply

Request to know categories of personal information CareXm has collected, used and/or disclosed about the consumer.

Request to obtain specific pieces of personal information CareXm collected about the consumer.

Request to delete personal information CareXm has collected from the consumer.



## Declaration

BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INFORMATION ENTERED INTO THIS FORM IS COMPLETE, ACCURATE AND UP-TO-DATE, AND THAT I AM THE CONSUMER WHO IS THE SUBJECT OF THE REQUEST OR HAVE BEEN AUTHORIZED BY THAT CONSUMER TO ACT ON HIS/HER BEHALF, AS INDICATED ABOVE. I UNDERSTAND THAT IT MAY BE NECESSARY FOR CAREXM TO VERIFY THE IDENTITY OF THE CONSUMER AND/OR AUTHORIZED AGENT FOR THIS REQUEST, AND ADDITIONAL INFORMATION MAY BE REQUESTED FOR THIS PURPOSE

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_