



**Medusind Inc.**

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**CCPA CONSUMER RIGHTS REQUEST FORM**

If you are a California resident, you have certain rights under the California Consumer Privacy Act ("CCPA"). Upon submission of a verifiable consumer request, you have the right to request that a business that collects your personal information provide disclosures about or access to, in a portable and (if technically feasible) readily usable form, the specific pieces and categories of personal information that the business has collected about you in the past twelve (12) months (from the date of the business's receipt of the request); the categories of sources for that information; the business or commercial purposes for collecting the information; and the categories of third parties with which the information was shared. California residents also have the right to submit a request for deletion of their personal information under certain circumstances.

Much of the personal information that Medusind collects is exempt from the CCPA because it is protected under HIPAA or other federal and/or state privacy laws. Medusind reserves the right to refuse requests in part or in whole, to the extent permitted by law, if:

- We are unable to verify your identity
- You are not a California resident
- We can't match our data to your verified credentials
- We cannot verify your authority to act on behalf of another person.

Prior to Medusind's fulfillment of "right to know" or deletion requests, Medusind will require that the consumer verify his or her identity and California residence. Along with the completion of this form, the consumer will need to submit a copy of the consumer's driver's license, both front and back, in order to verify the identity of the individual requesting the information.

Date of Request:

**Requestor:**

I am making a request related to personal information about me

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.

**Requestor Information (if different than the consumer):**

Full Name:

Email Address:

State of Residence:

**Consumer Information:**

Full Name:

Street Address:

City/State/Zip Code:

Email Address:

**Type of Request:**

- Request to know categories of personal information Medusind has collected, used, and or disclosed about the consumer.
- Request to obtain specific pieces of personal information Medusind collected about the consumer.
- Request to delete personal information Medusind has collected from the consumer.

**Online Activity:**

If this request pertains to online activity, please provide the ClientID. To find this, to go to your browser's settings and manually look at what cookies are stored. There may be one named \_ga, which is the Google Analytics cookie, and within it is a string like GA1.2-2.318596131.1556642125. The user's ClientID is the numbers before and after the final period (in this case, 318596131.1556642125). If multiple \_ga cookies are found on the browser, please send all of the ClientIDs.

ClientID:

**Detailed Description of Request:**

Please describe the nature of the relationship you have with Medusind and any additional information regarding the specifics of your request.

**Declaration:**

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ENTERED INTO THIS FORM IS COMPLETE AND ACCURATE, 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 MEDUSIND TO VERIFY THE IDENTITY OF THE CONSUMER AND/OR AUTHORIZED AGENT FOR THIS REQUEST, AND ADDITIONAL INFORMATION MAY BE REQUESTED FOR THIS PURPOSE.

<b>Signature:</b>
<b>Name:</b>
<b>Date:</b>