

Web Form for California Consumer to Submit Requests to Know and Requests to Delete

Type of Request: Please Check as Applicable

Request to Delete Personal Information

Please confirm that you are requesting to delete your personal information by checking here

Request for Copies of Personal Information

Request to Know How We Handle Your Personal Information

Description of Request:

[_____]

Please provide specific details about your request, e.g., “delete all of my personal information” or “please list the categories of sources from which ScionHealth collected my personal information”

Please note: Subject to applicable law, consumers who reside in California may request any or all of the following:

- *Deletion of all or part of their personal information*
- *A copy of all or part of their personal information*
- *The categories of personal information ScionHealth has collected about the consumer in the last 12 months*
- *Categories of sources from which that personal information was collected*
- *Categories of personal information that the business sold or disclosed for a business purpose about the consumer in the last 12 months*
- *Categories of third parties to whom the personal information was sold or disclosed for a business purpose in the last 12 months*
- *The business or commercial purpose for collecting or selling that personal information.*

Sensitive personal information: ScionHealth will not disclose the following personal information in response to requests through this form: Social Security number, driver’s license number or other government-issued identification number, financial account number, any health insurance or medical identification number, an account password, or security questions and answers.

Contact Information:

Please provide an email address or mailing address that we can use to respond to you regarding your request.

Email address: _____ *Please note that you are responsible for providing a secure email address.*

OR -

Mailing address: -

Street Information 1: [_____] -

Street Information 2: [_____] -

City: [_____] -

State: [_____] -

Zip code: [_____] -

Identifying Information:

First Name: [_____]

Middle Name: [_____]

Last Name: [_____]

- In the event we are unable to verify your identify using this information above, we may contact you in order to obtain additional information necessary to ensure we verify your identification. This may include, but is not limited to, email address, date of birth, or location of birth.

If you are requesting deletion or a copy of personal information, please also provide: -

Date of Birth: [_____] -

Driver's License Number: [_____] -

Expiration Date of Driver's License Number: [_____] -

- In the event you do not have this information or we are unable to verify your identity based upon the information provided, we may contact you in order to obtain additional information necessary to ensure we verify your identification.

Declaration:

[_____] I hereby declare under penalty of perjury that I am a California resident pursuant to Cal. Code Regs. Tit. 18, § 17014 and that the identifying information I have provided in this form is my personal information. I also agree that writing my name in the box is my electronic signature. An electronic signature is as legally binding as an ink signature.

Authorized Agents

If you are submitting this request on behalf of a California consumer, please send an email to Compliance@kindred.com describing the request and attaching an electronic copy of a notarized Power of Attorney pursuant to Cal. Prob. §§ 4000-4465 designating you to represent the California consumer for purposes of this request.

If you do not have such a Power of Attorney, the California consumer must complete this form and send an email to Compliance@kindred.com attaching a written statement designating the authorized agent by name and providing the agent's contact information.