



## Consumer Request to Access or Delete

Please scan and email this form to [customersupport@imo-online.com](mailto:customersupport@imo-online.com) or mail this form to: Intelligent Medical Objects, Inc., 9600 W. Bryn Mawr Suite 100 Rosemont, IL 60018, Attn: Privacy Officer

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check One:

- Pursuant to applicable state laws, I, \_\_\_\_\_ (Name), am requesting that IMO delete any and all personal information collected about me.
- Pursuant to applicable state laws, I, \_\_\_\_\_ (Name), am requesting that IMO provide me access to any and all personal information collected about me.

We will confirm receipt of your request within ten (10) days and provide you with information about how we intend to process your request.

If your request is invalid for any reason, or if we require additional information to process this request, we will contact you directly using the contact information you provide to us on this form.

You may also call us at 844-466-8844 or email us at [customersupport@imo-online.com](mailto:customersupport@imo-online.com) to make a request to delete the personal information collected and used by us.

This request is signed under the pains and penalties of perjury.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Consumer (if other than named individual e.g. parent or guardian)