



California Consumer Request

Please scan and email this form to 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: _____

Please check the appropriate box(es):

- 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.
- Pursuant to applicable state laws, I, _____ (Name), am requesting that IMO correct my personal information maintained about me.
- Pursuant to applicable state laws, I _____ (Name), am requesting that IMO limit the use of the following categories of my sensitive personal information (to the extent such information is collected by IMO):
 - Government ID (e.g. SSN or Driver's License)
 - Financial account login information
 - "Precise" Geolocation
 - Race
 - Religion
 - Union Membership
 - Content of private electronic communication
 - Genetic data
 - Biometrics used to identify an individual
 - Health data
 - Sexual Activity or Orientation data

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 or verify 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 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)