

**The Medicus Firm California Consumer Request Form  
For Exercise of Rights Under California Consumer Privacy Act**

Please complete the information below. When you have completed the required information, submit the form by emailing [privacy@themedicusfirm.com](mailto:privacy@themedicusfirm.com) (please put "California Privacy Request" in the subject line). After receiving this form, we will be in touch to verify your identity and respond.

**1. Complete the following information of the person whose information is the subject of this request:**

Last Name, First Name, Middle Name: \_\_\_\_\_

Member User ID (if any): \_\_\_\_\_

Phone Number: Area Code ( \_\_\_\_ ) Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternate User ID(s) or E-mail Address(es): \_\_\_\_\_

City and State of Residency: \_\_\_\_\_

**2. Request Type [check all that apply]:**

- What Personal Information of mine is collected and/or processed?
- I request access to specific pieces of my Personal Information (please describe in text box below)
- I request access to these categories of my Personal Information (please describe in text box below)
- Delete all of my Personal Information
- Delete specific pieces of my Personal Information (describe in text box below)
- General Questions on M3 California Privacy Policy or Main Privacy Policy (describe in text box below).

**3. Additional Details. Please help us understand your request by providing additional details below.**

If Submitted On Behalf of A Consumer: provide the Authorized Agent's name and please attach written permission or a Power of Attorney ("POA") from the consumer this request concerns (a free copy of California's Uniform Statutory POA is found here: <https://freepoaform.org/california/california-statutory-power-attorney-form/>).

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