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# CCPA REQUEST FORM

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- These instructions explain how to submit a Request to Know or a Request to Delete what personal information Amedisys has collected about you.
- Amedisys will honor requests from California residents. Residents of other states are not eligible.
- You do not have to use this form for us to act on your request, but you do have to include all the information requested below. If you do not submit all information, we may not be able to process your request.
- The Right to Know and Right to Delete do not apply to information protected under the California Confidentiality of Medical Information Act (CMIA) and the Health Insurance Portability and Accountability Act (HIPAA), though other rights similar to these rights may exist. Requests related to protected health information will be responded to in accordance with your HIPAA rights. For more information on how we use protected health information and your rights related to HIPAA, please see our Notice of Privacy Practices at <https://www.amedisys.com/hipaa-notice/>.
- If we can successfully validate your identity and eligibility, we will process your request.
- If we have questions, we will contact you using the information that you provide in your request.
- You will receive a response within 10 business days. It may take up to 45 business days to act on your request. We will send additional responses as we are able. We will notify you if an extension is needed.
- Please email [privacy@amedisys.com](mailto:privacy@amedisys.com) if you have any questions.

## Request Type

### Request My Information

I want to know what categories of information you have collected about me.

I want to know the specific information you have collected about me.

### Delete My Information

I want you to delete the information you have collected about me.



## Verification of Identity

Amedisys can only act on requests where we can verify the identity of the person seeking that information. California law requires that verification must be to a degree of certainty. Please provide at least the number of data points noted for the type of request you seek.

- You must provide two of the following data points for requests for categories of information collected about you.
- You must provide three of the following data points for requests for specific information collected about you.
- You must provide two of the following data points for requests to delete information collected about you.

Name

Zip Code

Phone number

Email

**If Amedisys has a question about my request, I prefer to be contacted by**

Email

Phone

**When my request is ready, I want to receive that information by**

Email at

Mail at

By signing this request (either physically or electronically), you are confirming under penalty of perjury that you are the consumer whose personal information is the subject of this request, you are making this request on behalf of your minor child, or you are legally authorized to act on behalf of the consumer who is the subject of this request.

Signature