

Data Privacy Rights Request Form

Cadwell Industries, Inc. and its subsidiaries Cadwell Laboratories and CadRent LLC are committed to protecting your privacy. Please use this form to submit a request regarding your Personal Information as outlined in our Privacy Policy. When you have completed the form, please email it to privacy@cadwell.com.

1. Requester Information

Full Name: _____
Email Address: _____ (Used for communication and verification)
Telephone Number: _____
State/Country of Residence: _____ (To determine applicable legal rights)

2. Relationship to Company

- Current/Former Customer
- Professional (e.g., Medical Provider/Hospital Administrator)
- Website Visitor
- Authorized Agent (If checked, please attach written authorization or Power of Attorney)

3. Type of Request

Please select the right(s) you wish to exercise:

- Right to Know/Access: Request a list of categories or specific pieces of data we have collected about you.
- Right to Correct: Request an update to inaccurate information.
- Right to Delete: Request that we erase your data (subject to legal exceptions).
- Right to Portability: Request your data in a structured, machine-readable format.
- Right to Opt-Out: Request to opt-out of "sharing" for targeted/cross-context advertising.
- Appeal: Appeal a previously declined request.

4. Request Details

Please provide details of the action you wish us to take (e.g. "Delete my account" or "Correct my professional specialty").

5. Verification & Signature

To protect your security, we must verify your identity before processing this request. We will respond to your request within 45 days.

Signature: _____ Date: _____