

## Consumer Access Request Form (CCPA/CPRA)

If you are a California consumer, as defined in Section 1798.140(i) of the California Consumer Privacy Act, as amended, or you are acting on behalf of a California consumer, you have the right to submit a request for and obtain access to personal information collected, used, sold, stored, or shared by Dr. Schiffer's Dual-Brain Psychology, LLC, and its operating groups, parent(s), subsidiaries, and affiliates (collectively, the "**Company**"), unless otherwise excluded under the law. You may use this form to request access to such personal information from the Company and to receive a copy of that information in an easily understandable format, subject to any applicable exemptions.

The Company reserves the right to refuse access requests for reasons that include inability to verify your identity; inability to verify your authority to act on a consumer's behalf; or otherwise to the extent permitted by law.

Details on how and where to return the completed form can be found at the end of this form. Before submitting your request, please review the Company's [ADD HYPERLINK TO GENERAL PRIVACY POLICY, CA PRIVACY POLICY, AND ANY OTHER APPLICABLE POLICIES: Privacy Policy and California Privacy Policy].

### 1. Consumer Information.

Please provide the following information for you or for the consumer on whose behalf you are submitting this form. If this request is being made on a consumer's behalf, please also provide your name and contact information in Section 3 of this form.

First name:

Last name:

Previous names/also known as (if applicable):

Date of birth:

Email address:

Current address:

Telephone number:

### 2. Request for Disclosure of Personal Information.

Please confirm the nature of your request by selecting from the following options.

☐ I request that the Company provide me with the categories of personal information that the Company has collected about me or the consumer on whose behalf I am submitting this form.

☐ I request that the Company provide me with the specific pieces of personal information that the Company has collected about me or the consumer on whose behalf I am submitting this form.

☐ I request that the Company provide me with the categories of sources from which the Company collected personal information about me or the consumer on whose behalf I am submitting this form.

☐ I request that the Company provide me with the Company's business or commercial purpose(s) for collecting, using, selling, storing, or sharing my personal information or the consumer's personal information on whose behalf I am submitting this form.

☐ I request that the Company provide me with the categories of third parties with whom the Company has shared my personal information or the consumer's personal information on whose behalf I am submitting this form.

☐ I request that the Company provide me with the categories of personal information that the Company has sold or shared to third parties or the consumer on whose behalf I am submitting this form.

### **3. Authorized Agent.**

If you are making this request on behalf of a California consumer, please provide the Company with your details below. Additionally, if you are making this request on a consumer's behalf, you must provide written proof that you are authorized to do so.

First name:

Last name:

Previous names/also known as (if applicable):

Email address:

Current address:

Telephone number:

Relationship to the consumer named in Section 1 of this form (e.g., parent, legal guardian, legal representative, etc.):

### **4. Verification of Identity.**

The Company will attempt to verify your identity and respond to this request from the information that you provide in this form. It may, however, be necessary to request additional information from you in order to successfully process your request. If that is the case, the Company will contact you about what type of information is needed and all additional information collected will be deleted as soon as practical, unless it is required for compliance with record keeping requirements.

The Company reserves the right to refuse your request if it is unable to verify your identity.

### **5. Disclosure of Information.**

Please confirm how you wish to receive the information requested.

☐ I am the subject of the request and would like the requested information sent to the email address provided in Section 1.

☐ I am the subject of the request and would like the requested information sent to the mailing address provided in Section 1.

☐ I am acting on behalf of a California consumer and would like the requested information sent to the email address provided in Section 3.

☐ I am acting on behalf of a California consumer and would like the requested information sent to the mailing address provided in Section 3.

While the Company strives to respond to all requests as quickly as possible, the Company has up to forty-five (45) days to respond and may extend that response time if necessary.

## **6. Signatures.**

By signing below, you confirm that the information provided on this form is complete and accurate to the best of your knowledge and that you are either a California resident making this request on behalf of yourself or authorized to make this request on behalf of a California resident, as indicated above. You understand that it may be necessary for the Company to further verify your identity and/or authorization to act on another's behalf and you agree to comply with such requests.

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Name:

Date:

## **EXHIBIT A**

### **INSTRUCTIONS**

Before submitting this form, please make sure you have:

- ☐ Checked that your contact information is correct.
- ☐ Completed all relevant sections of the form.
- ☐ Signed and dated the form.
- ☐ Included written authorization (if applicable).

Please submit your completed form and accompanying documents to:

*For mail requests:* [ADDRESS]

*For email requests:* [EMAIL ADDRESS]