**Your Privacy Choices Form**

Residents of the states identified below and in the Your Rights and Choices section of our Privacy Policy have the right to opt out of the “sale” of their personal information and to opt out of the sharing or processing of their personal information for targeted ads (across different businesses). To learn more about these choices, visit our [Privacy Policy](https://gundrymd.com/privacy/).

Even if you opt out, you will still receive ads about our products, but they will not be targeted based on your browsing activities over time. In order to opt-out of the “sale” and sharing/processing of certain personal information, such as contact information, for targeted ads please provide the information below so we may add it to an appropriate suppression list.

To also opt out of the sale or sharing or processing of cookie-based data, you must also click on Your Privacy Choices in the footer of your browser and follow the instructions there.

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I am a \*

A California Resident   
A Colorado Resident   
A Connecticut Resident   
A Delaware Resident  
A Florida Resident   
An Iowa Resident  
A Maryland Resident  
A Minnesota Resident  
A Montana Resident   
An Oregon Resident   
A Texas Resident   
A Utah Resident   
A Virginia Resident   
Other: [Please specify]

How we may identify your information

Please provide the following information so we may identify you, or if you are requesting on behalf of someone else, please provide their information.

Please note that you must provide all of the required information (marked by an asterisk) to enable us to process your request or, for agents, provide documentation demonstrating your authorization to act on an individual’s behalf.

Request Type \*  
[ ] Do not sell or share my personal information

[ ] Limit the use of my sensitive personal information (California only)

First Name \* Last Name \*

Email associated with your Gundry Account or Purchase \*  
  
Certification of Residency or Authorized Agent

By pressing “submit,” I certify that I am a resident of the location above or that I am an authorized agent of a resident of the location above and that all information I have submitted is true and accurate.

[Submit]

Bottom of Form