Consumer Privacy Request Form

Residents of certain states, such as California, Colorado, Connecticut, Delaware, Iowa, Montana, Nebraska, New Hampshire, New Jersey, Oregon, Texas, Utah, and Virginia can request certain rights (access, deletion, correction) with respect to their personal data. If you reside in such a state, complete the form below to submit your request.

If you would like an authorized agent to make a request on your behalf, please [click here](https://gundrymd.com/consumer-privacy-request-form/" \l "agent-request) to view the “Authorized Agent Request” section below.

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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   
- A New Jersey Resident  
- An Oregon Resident   
- A Tennessee Resident  
- A Texas Resident   
- A Utah Resident   
- A Virginia Resident

- A United Kingdom Resident

- A European Union Resident  
- Other: [Please specify]

Request Type \*

[ ] Access Request   
[ ] Deletion Request   
[ ] Correction Request  
[ ] Data Portability Request  
[ ] Request to Know Information You Have About Me  
[ ] Other: [Please specify]

First Name \* Last Name \*

Email associated with your 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]

Authorized Agent Request:

You may designate or authorize a person or an eligible business to act on your behalf as an authorized agent. This authorized agent may make requests on your behalf under the California Consumer Privacy Act (“CCPA”) and other applicable laws permitting such requests through authorized agents.

To do so, please have your authorized agent send a request to the email address provided on the Contact Us page  with “Authorized Agent Opt-Out Request” in the email subject line, and the following information in the email content:

* Your First and Last Name
* Your Email Address
* The Agent’s First and Last Name
* The Agent’s Email Address
* The Agent’s Phone Number
* A document with your signature indicating that you authorize the agent to make the request on your behalf.
* Indicate if the Agent prefers to be contacted via email or phone

We may follow up with you or your authorized agent if we need any additional information prior to processing your request.

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