California Consumer Privacy Opt Out Request

☐ Inquire about personal information and its use

☐ Request to opt-out of marketing

☐ Request to delete consumer data

☐ Request to correct Personal Information

☐ Request to limit the use and disclosure of sensitive personal information

APNS provides this option for California Consumers in compliance with the California Consumer Privacy Act of 2018 ("CCPA") and other California privacy laws. For more information, see our Privacy Notices for California Consumers and our Privacy Policy.

Although we do not sell your Personal Information or share it with third parties for their own marketing purposes, we may share your personal information with third party service providers, for our marketing efforts. If you do not want us to share your contact information with our third-party service providers, and to assist us in fulfilling your request, please provide us with your first and last name below. If you chose to provide your email address, we will use it to notify you of the status of your request.

Please email the completed form to admin@apnshealth.com.

_____
Patient Signature

_____
Print Name

_____
Email

For Office Use Only

This form has been received and filed in the patient's portal and a copy has been emailed to the patient's email written above.

Employee Name _____ Date _____

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