

California Consumer Privacy Act (“CCPA”) Consumer Personal Information Request Form and/or CCPA Right to Opt-Out Form

Return To: MedeAnalytics, Inc. by emailing ChiefPrivacyOfficer@medeanalytics.com

To: MedeAnalytics, Inc. (“MedeAnalytics”)

From: _____ (“Consumer”)

In connection with the CCPA Personal Information Request Form and/or CCPA Right to Opt-Out of Sale of Personal Information Request Form (the “Request”) delivered to MedeAnalytics pursuant to the CCPA, Consumer hereby swears and certifies to MedeAnalytics that:

1. Consumer’s full legal name (first, middle, last) is:

2. Consumer resides at (street address):

at _____ (town/city)

in the State of California.

3. Consumer authorizes _____ (the “Authorized Agent’s” full name), of _____ (street address) in

_____ (city/town) in the State of _____

(state) as Consumer’s Authorized Agent to submit the Request to MedeAnalytics on Consumer’s behalf.

4. Consumer’s relationship to its Authorized Agent is _____

5. MedeAnalytics is authorized to communicate directly with the Consumer and/or Authorized Agent in connection with the Request, and shall be entitled to rely upon any information or statements provided by the Consumer and/or Authorized Agent on behalf of the Consumer.

Consumer hereby swears under the penalty of perjury that the facts referred to in this certificate are true, complete, and correct:

Consumer Printed Name: _____

Consumer Signature: _____

Date: _____

BEFORE ME, the undersigned authority personally appeared this day,
_____, (Consumer) known to me to be the person described
herein, said person has proven to be the individual named above, and has
acknowledged that this authorization is their wish.

WITNESS MY HAND AND SEAL affixed at _____ (city),
_____ (state), on _____ (date).

Notary Signature: _____ Notary Public (SEAL)