CALIFORNIA CONSUMER PRIVACY RIGHTS REQUEST FORM

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for personal information collected required by The Quality Control Center and how it will be used.

PURPOSE: Provides any California resident or their authorized representative with a means to request what personal information The Quality Control Center collects, uses and discloses about the individual, and/or request the deletion of the individual's personal information. Certain exemptions apply.

ROUTINE USES: The information you provide on this form may be disclosed in order to investigate data waste, fraud and abuse, security, and privacy concerns. The Quality Control Center does not sell personal information for money or other valuable consideration.

DISCLOSURE: Voluntary; if you choose not to provide your information on this form, no penalty will be imposed, but absence of the requested information may result in administrative delays or the inability to process this request.

Please mail or fax the completed request to: The Quality Control Center

350 S. County Rd, Suite 206, Palm Beach, FL 33480

(561) 832-4483 Phone (561) 760-8025 Fax info@theqccenter.com

info@theqccenter.com				
SECTION A: RESIDENT INFORMATION				
First Name	Middle Initial	Last Name		Date of Birth (mm/dd/yyyy)
		Select Program Type		
Enter Identification Number				
Address		City	State	ZIP
Telephone Number ()		Email Address		
SECTION B: PLEASE SELECT A REQUEST OPTION				
□ Request a disclosure of what personal information is collected.□ Request a deletion of my personal information.		☐ Request a report of how my personal information is used. ☐ Request to opt-out of the sale of my personal information.		
SECTION C: SIGNATURE: I have read and understand the information on this request.				
 California Consumer Privacy Act requests will be complete within 45 days of receiving a verifiable consumer request (Civ. Code § 1798.130). The Quality Control Center is not required to provide personal information to a consumer more than twice in a 12-month period (Civ. Code § 1798.100(d).). The deletion of personal information required for the completion of The Quality Control Center's services is exempt from California Consumer Privacy Act compliance (Civ. Code § 1798.105(d)(1).). If your form is incomplete, you will be notified by mail and your request will not be considered until a completed form is received. Verifiable requests apply only to the records maintained by The Quality Control Center. Documentation of authorized representative is required to determine the appropriate parties who are entitled to access or manage the individual's personal information. If you are a parent or guardian requesting personal information of a minor child, legal documentation showing parental rights is required. I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION ON THIS FORM OR ATTACHED IS TRUE AND CORRECT. ANY ATTEMPT TO FALSELY GAIN ACCESS TO PERSONAL INFORMATION IS SUBJECT TO LEGAL PENALTIES. 				
Signature(s) of the Requestor or Personal Representative(s)*	Date (mm/dd/yyyy)			
Print Name(s)/Relationship to the Requestor				
*If this request is by a personal representative on behalf of the beneficiary, check the box that describes the relationship to the beneficiary and attach documentation of the representative's authority.				
□ Parent of Minor Child □ Legal Guardian □ Power of Attorney □ Executor □ Other (please explain)				
Please retain a copy of this request for your records.				