

Mask My Personal Information

Select the **Mask My Personal Information** checkbox below to request that the personal identifiable information (PII) contained in your Consumer Disclosure Report or FACT Act Report be masked. These reports are unmasked by default. The California Consumer Privacy Act Report will follow the disclosure requirements of the California Consumer Privacy Act.

Mask My Personal Information

Mask My Personal Information

Additional Options for California Residents

As a California resident, you have the ability to order additional options under the California Consumer Privacy Act. To submit any of the following options, please select the checkboxes that apply to your request:

Do Not Sell My Personal Information

**Do Not Sell My Professional Healthcare Information
(Healthcare Professionals Only)**

Delete My Personal Information

As a California resident, in some circumstances you may be able to request to opt-out of your personal information being sold to third parties, which may include some professional healthcare information. However, please be advised that opting-out of the sale of your professional healthcare information may result in the following:

- i. Incorrect or incomplete information in health plan directories for patients and members when searching for you and your practice;
- ii. Delayed prescription fills and/or denial of prescriptions for your patients at point of dispensing; and/or
- iii. Decreased ability for you and your practice to be identified for referrals.

Send your completed form back to us via U.S. Mail at the address identified below:

Consumer Center
P.O. Box 105108
Atlanta, GA 30348-5108

Once your request has been received, you will receive a message via U.S. Mail within two weeks.

SIGNATURE: _____ DATE: _____