

CALIFORNIA PRIVACY REQUEST FORM

California residents have the right to request information from Digital Wellness LLC on sharing of personal information with third parties for their marketing purposes once a year. We respect your privacy and we will process your request within thirty (30) days.

Please complete the information below, print this form, then mail or fax it to the applicable address indicated:

Digital Wellness California Privacy Request

Digital Wellness LLC

11611 San Vicente Blvd Suite 800

Los Angeles, CA 90049

Fax: 310-395-4350

I am requesting that you:

Provide the names of those companies with which my personal information has been shared for direct marketing purposes, and the type of personal information shared.

Please do not share my personal information with other companies. After verifying your information, we will send you a response by First Class mail.

Name: _____

Address: _____

Date: _____

Signature: _____