

## Data Privacy Request Form Fields

### 1. Requester Information (For identity verification)

- Full Name
- Email Address (Required for response)
- Phone Number
- Texas Residency Confirmation
  - Yes, I am a Texas resident
  - No, I am not a Texas resident

### 2. Type of Request (circle all that apply )

Right to Access: I want to see what personal data you have collected about me.

Right to Correct: I want to fix inaccurate personal data you have about me.

Right to Delete: I want you to delete personal data you have collected about me.

Right to Opt-Out: I want to opt out of targeted advertising or the sale of my personal data.

Appeal Request: I wish to appeal a previous decision regarding a data request.

### 3. Detailed Request

### 4. Verification Disclaimer

- I understand that [Elshatory Retina Associates](#) may require additional information to verify my identity before fulfilling this request. Responses will be provided within 45 days.

Signature: