

Privacy Request Form

Last updated: September 18, 2026 · GDPR · CCPA/CPRA · WA & NV Consumer Health Data

Please complete this form if you wish to make a privacy-related request under applicable data protection laws (e.g., GDPR, CCPA). We will use the information provided to verify your identity and process your request.

Using an authorized agent? If you use an authorized agent to submit a request on your behalf, we require the agent to provide their contact information and valid proof of authorization (e.g., signed written permission or power of attorney). We may also verify the agent's identity directly with you before processing the request.

01 Your Information

FULL NAME

EMAIL ADDRESS USED WITH OUR SERVICES

PHONE NUMBER (optional)

POSTAL ADDRESS (optional)

02 Type of Request

Please check all that apply.

- ☐ **Access** — Provide me with a copy of the personal data you hold about me.
- ☐ **Correction** — Update or correct inaccurate personal data.
- ☐ **Deletion** — Delete my personal data ("Right to be Forgotten").
- ☐ **Data Portability** — Send me my personal data in a portable format.
- ☐ **Opt-Out of Sale/Sharing** — Do not sell or share my personal information, including for cross-context behavioral advertising.
- ☐ **Limit Use/Disclosure** — Limit the use and disclosure of my sensitive personal information.
- ☐ **Restriction of Processing** — Limit how my data is used.
- ☐ **Delete My AI Tool Session Data** — Delete the information I entered into Wellbot or Health on Point and any summary generated from it.
- ☐ **Consumer Health Data** — Provide a list of the third parties with whom my consumer health data has been shared (*Washington and Nevada residents*).
- ☐ **Withdraw Consent** — Withdraw my consent to the collection or sharing of my consumer health data (*Washington and Nevada residents*).
- ☐ **Other:**

03

Details of Your Request

Please describe your request in detail so we can process it accurately. If your request concerns one of our AI-powered tools, it will help us locate your information if you tell us which tool you used and the approximate date of your session.

REQUEST DETAILS

04

Verification

To protect your privacy, we may request additional information (such as a government-issued ID, proof of address, or documentation of authority if you are an agent) to verify your identity before fulfilling your request.

☐ I declare that the information I have provided is true and accurate.

SIGNATURE

DATE

05

Authorized Agent Requests

Complete this section only if you are submitting this request on behalf of another individual.

AGENT FULL NAME

AGENT EMAIL ADDRESS

AGENT PHONE NUMBER (optional)

RELATIONSHIP TO THE INDIVIDUAL

PROOF OF AUTHORIZATION – CHECK ONE AND ATTACH SUPPORTING DOCUMENTATION

☐ Signed written permission from the individual

☐ Power of attorney under applicable law

☐ Other legal documentation:

☐ I confirm that I have attached valid proof of authorization to act on behalf of the individual named in this request.

AGENT SIGNATURE (or electronic signature)

DATE

Submitting Your Request

TWO WAYS TO SEND

EMAIL THIS FORM TO

privacy@blackdoctor.org

OR MAIL IT TO

BlackDoctor, Inc. — Privacy Department
309 W. Washington Street, Suite 250
Chicago, IL 60606

We will confirm receipt of your request within 10 business days (if required by law) and respond within the time required by applicable law (e.g., 30 days under GDPR, 45 days under CCPA/CPRA).