## **Privacy Rights Request Form**

| * den                | * denotes required fields |  |                    |
|----------------------|---------------------------|--|--------------------|
|                      | First Name: *             |  | Street Address: *  |
|                      |                           |  |                    |
|                      | Last Name: *              |  | City: *            |
|                      |                           |  |                    |
|                      | E-mail: *                 |  | State: *           |
|                      |                           |  |                    |
|                      |                           |  | Zip/Postal Code: * |
|                      |                           |  |                    |
| Please select one: * |                           |  |                    |

[] Data Deletion Request

[] Data Portability Request (the specific information that we have collected about you)

[] Information Disclosure Request (where we collected your information from, to which categories parties we shared it with, the associated business purposes for each and additional required disclosures)

[] Information Correction Request (you can request that we correct the personal information that we have on file for you)

Describe you request with sufficient detail that allows us to properly understand, evaluate and respond to it:

• Users with disabilities (and any other users) who wish to make a data deletion request, data portability request and/or information disclosure request can also contact us by emailing us at: privacy@leadingresponse.com; calling us at: 1-800-660-2550; or sending us mail to: Personal Injury Help, 1701 Legacy Drive, Suite 2010, Frisco, TX 75034.

• Where you make a data deletion request, data portability request and/or information disclosure request through an authorized agent, we will require that you or the authorized agent provide us with a valid written authorization executed by both parties, with the validity of such document determined by us in our reasonable, good faith discretion. Please submit such documentation to us at: privacy@leadingresponse.com; or Personal Injury Help, 1701 Legacy Drive, Suite 2010, Frisco, TX 75034.

• Making a verifiable consumer request does not require you to create an account with us. However, we do consider requests made through your password protected account sufficiently verified when the request relates to personal information associated with that account

• We will only use personal information in a verifiable consumer request to verify the requestor's identity or authority to make the request.

· You may only make a verifiable consumer request for access or data portability twice within a twelve (12)-month period.

For additional discussion of your privacy rights, please visit our Privacy Policy by Clicking Here.