

## **CPRA Applicant Request**

---

### **Instructions for Making a Request Under the California Privacy Rights Act (CPRA), Including Toll-Free Number**

The California Privacy Rights Act (CPRA) (California Civil Code secs. 1798.100 et seq.) is a comprehensive consumer privacy law that requires covered businesses to follow strict privacy requirements with respect to the personal information they collect about consumers, which is broadly defined to include employees, applicants and independent contractors. These privacy rights include the right to request that certain information is disclosed, deleted or corrected.

Clinical Reference Laboratory will never discriminate or retaliate against you for exercising your rights under the CPRA.

Clinical Reference Laboratory complies with the CPRA and is committed to protecting the privacy of its employees, applicants, independent contractors, and covered consumers. Please see our Privacy Policy and Notice at Collection for more information about your rights under the CPRA.

You, or an authorized agent, may submit a request for information pursuant to California Civil Code sections 1798.110 and 1798.115, for deletion of personal information pursuant to section 1798.105, or for correction of inaccurate personal information pursuant to section 1798.106 in any the following ways:

- Submitting a written request using the attached request form to [humanresources1@crlcorp.com](mailto:humanresources1@crlcorp.com)
- Calling our toll-free number at 800-456-6917

We will verify your consumer request using commercially reasonable methods, including confirming your identity and information in our records.

If you have any questions or concerns about our Privacy Policy, how to submit a CPRA request, your rights under the CPRA, or how to make a submission in an alternative format due to a disability or other reason, please contact:

Human Resources  
800-445-6917  
[Humanresources1@crlcorp.com](mailto:Humanresources1@crlcorp.com)  
8433 Quivira Road  
Lenexa, KS 66215

# CPRA Applicant Request

---

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Authorized Agent (if applicable)

\_\_\_\_\_  
Authorized Agent's Contact Information

I request:

- Disclosure of what personal information is being collected about me, pursuant to California Civil Code section 1798.110.
- Disclosure of what personal information is being sold or shared and to whom, pursuant to California Civil Code section 1798.115.
- Deletion of personal information pursuant to California Civil Code section 1798.105.
- Correction of inaccurate personal information pursuant to section 1798.106.
- Other, please specify:  
\_\_\_\_\_  
\_\_\_\_\_

Have you submitted any CPRA requests within the past 12 months?  Yes  No

If yes, Date(s) of Request(s): \_\_\_\_\_  
\_\_\_\_\_

I understand that only information and records required by law will be provided to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date