

REQUEST FOR IMPLEMENTATION OF RIGHTS – DATA SUBJECT ACCESS REQUEST

In order to process your request, please provide the information on this form. RMPDS will respond to your request within one calendar month from the date submitted.

Each of the rights listed in the form may be exercised by submitting this request electronically by the order of the Electronic Document and Electronic Certification Services Act.

If you would prefer to submit a request via our website form, use this link: [DSAR-RMPDS](#).

To submit by email, complete this "pdf" form and return via:

EMAIL:

privacy.rmpds@rmpds.org

POSTAL MAIL:

Rocky Mountain Poison & Drug Safety

Attn: RMPDS Privacy/DPO

777 Bannock Street, MC 0180

Denver, CO 80204

Please complete the form below. Fields marked with * are required for the request to be processed.

By person to whom data is being requested.

By proxy for person to whom data is being requested (attach power of attorney document).

Subject's Data:

First Name*:

Last Name/Surname*:

Phone: Email:

What is/are your request(s)? (select all that apply)*:

Access or know more about the information processed

Object to processing my personal information

Rectify / edit / revise my personal information

Restrict processing of my personal information

Delete or erase my personal information

Download or get copies of my personal information (data portability)

Description of the Request*: To better assist RMPDS to better assist in addressing the request(s) above, please use the space below to tell us more about the reason(s) for the request or any other details that may be helpful.

Preferred method to receive feedback on the request*:

Via email to the email provided

Other (please describe below.)

Via phone to the phone provided

Date:

Signature