


Individual Rights Request Form

In accordance with applicable U.S. privacy law, and depending on the jurisdiction in which you reside, you may be able to exercise certain data rights regarding your personal information. Please complete this form to submit your request. For more information about these rights, please see our [Privacy Notice](#).

In some cases, we may require additional information if we are unable to verify your request based on the information you have provided. The personal information submitted in connection with this request will be used to process your request.

* Fields marked with an asterisk (*) must be completed in order to submit this form. Complete the fields below using the consumer's information.

Please identify your relationship with Grow Therapy:

[Drop down menu] 
Website Visitor
Job Applicant
Authorized Agent
Other

Select the consumer right you would like to exercise:

- Right to Access / Portability.** Right to obtain access to the personal information we have collected about you and, where required by law, the right to obtain a copy of the personal information.
- Right to Know.** Right to know the categories of personal information we have collected about you in the past 12 months.
- Right to Correction.** Right to request that any inaccuracies in your personal information be corrected, taking into account the nature of the personal information and the purposes of the processing of your personal information.
- Right to Withdraw Consent / Restriction.** Right to withdraw your consent or limit the purposes for which we process your information.
- Right to Deletion.** Right to request the deletion of personal information we have collected from you, subject to certain exceptions.
- Right to Profiling.** The right to direct us not to use profiling for certain purposes.
- Right to Opt Out of "Sales".** Right to opt out of the "selling" or "sharing" your personal information with third parties for monetary or other valuable consideration.

Cookies-Based Opt-Out (Right to Opt Out of Targeted Advertising). You may also have the right to opt out of the use of your personal information for targeted advertising purposes. In California, this is also referred to as the right to opt-out of sharing your personal information for cross-context behavioral advertising purposes. In addition to submitting this form, please also visit our [Cookie Management Tool](#) to manage your cookie preferences. Please note this opt out is browser specific. You must reset your preferences if you clear cookies or use a different browser or device.

First & Last Name*	<input type="text"/>	Street Address	<input type="text"/>
Company Name	<input type="text"/>	Apartment/Suite	<input type="text"/>
Job Title	<input type="text"/>	City	<input type="text"/>
Email*	<input type="text"/>	State*	<input type="text"/>
Phone Number	<input type="text"/>	Zip Code	<input type="text"/>

Authorized Agents only:

If you're an Authorized Agent submitting a request on behalf of a consumer, you must attach written authorization from the consumer indicating you've been authorized to submit a request on the consumer's behalf. The form must be signed by both you and the consumer. All forms not signed will be rejected.

Select a File

Files larger than 4 MB are not supported.

Note that you also have the right to appeal in the event that we decline to take action on a request to exercise one of your rights set forth above.

By submitting this request, I am confirming the following:

1. Accuracy: The information I have provided is true and accurate;
2. Privacy: I understand the information will be processed by Grow Therapy in accordance with our [Privacy Notice](#);
3. Contact: Grow Therapy has the right to contact me to verify my identity and to process this request.

SUBMIT