

**Insulet Corporation**

**HIPAA Privacy Notice Request Form**

Today's Date: \_\_\_/\_\_\_/\_\_\_

What would you like to request? (please check all that apply)

Receive a copy of my medical information via:

U.S. Mail

E-mail

Fax

Amend my medical information

Restrict my medical information

Receive confidential communications by alternative means or at an alternative location

Receive an accounting of certain disclosures you have made, if any, of my medical information

Receive a paper copy of the Insulet Corporation HIPAA Privacy Notice

\_\_\_\_\_  
Name: Signature:

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
City: State: Zip Code:

\_\_\_\_\_  
Telephone Number Fax Number E-Mail Address

\_\_\_\_\_  
Comments/Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Please mail completed form to:** Insulet Corporation  
Attn: Privacy Officer  
100 Nagog Park  
Acton, MA 01720