

DATA SUBJECT ACCESS REQUEST FORM

You have the right to request personal data HemaCare Corporation and its affiliates may hold about you. This is known as a Data Subject Access Request (“DSAR”). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return to us by mail or email.

1. Data Subject’s Full Name

2. Date of Birth

3. Data Subject’s Current Address

4. Data Subject’s Contact Info

Phone

Email

5. Proof of Identity

Proof of identity of the donor subject is required – **please attach document upon submittal of the DSAR.** Document must be current and can be a copy. Example of acceptable documents include passport, driver’s license, ID, birth certificate.

6. Details of Data Requested

Please provide specific details of the information you require (e.g. copies of emails between <date> and <date>). If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request.

7. Is the Information Going to be Sent to the Data Subject or His/Her Representative?

To the Data Subject To the Representative

If the data is sent to the representative, sections 9 and 10 need to be completed.

8. I Confirm That I Am the Data Subject

Signature

Print Name

Date

HemaCare Corporation

8500 Balboa Boulevard, Suite 130, Northridge, CA 91325

(877) 310-0717 | webmaster@hemacare.com | www.hemacare.com

©2020. HemaCare Corporation. All rights reserved. Patents pending.

9. If Acting on Behalf of the Data Subject, the Data Subject Must Give Written Authorization for the Information to be Released to His/Her Authorized Representative.
(to be Filled Out by the Data Subject)

I hereby give my authorization for _____ (name of the authorized representative) to request access to my personal data.

Signature

Print Name

10. I Confirm That I Am the Authorized Representative of the Data Subject
(to be Filled Out by the Representative of the Data Subject)

Name of Authorized Representative

Signature

Print Name

Address Where Data is to be Sent

Date

We will make every effort to process your Data Subject Access Request as quickly as possible within 30 calendar days. However, we may require additional time if you do not provide sufficient information to verify your identity and locate your data, or for other reasons permitted by applicable law. If you have any questions while your request is being processed, please do not hesitate to contact us at webmaster@hemacare.com.

If sending by mail, please use the following address:

HemaCare Corporation
Attn: Data Compliance Officer
8500 Balboa Ave, Suite 130
Northridge, CA 91325

If sending by email, please use the following address: webmaster@hemacare.com.

