

HIPAA Privacy Notice Request Form

Today's Date: ____/____/____

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

- Review my medical information
- 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 HIPAA Privacy notice

Name: Signature:

Street Address:

City: State: Zip Code:

Telephone Number:

Comments:

Please mail completed form to:
Insulet Corporation
Privacy Officer
9 Oak Park Drive
Bedford, MA 01730