

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
600 Technology Park Drive, Ste. 200
Billerica, MA 01821