



# CPRA Data Rights

Number	C09-C
Policy Owner	Compliance Officer
Approved By	Compliance and Audit Committee

Effective Date	10/27/2022
Last Revision Date	
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## PURPOSE

Select Medical Corporation collects and maintains certain information about our employees, former employees, contracted agents, and workforce members (collectively known as “Covered Entities”). Pursuant to the California Privacy Rights Act, Covered Entities have the right to know about the personal information a business collects about them and how it is used and shared. Covered Entities have the right to delete personal information collected from them, with some exceptions. Covered Entities have the right to opt-out of the sale of their personal information. Covered Entities have the right to non-discrimination for exercising these rights.

To protect the privacy and confidentiality of these Covered Entities and to comply with California law, this policy applies to all applicable Covered Entities.

## POLICY

It is the policy of Select Medical Corporation (Select Medical) that requests made by Covered Entities or their personal representatives to exercise their rights under the CPRA will be reviewed and responded to in a timely and appropriate manner in conformity to the law.

## PROCEDURES

- 1) Right to know about the personal information a business collects about them and how it is used and shared. A Covered Entity will submit a completed “Right to Know” form (Attachment A) to a Human Resources representative for review. Human Resources will determine if the Covered Entity has these rights under the CPRA. If they do, the information will be provided to the Covered Entity. If they do not, then the Covered Entity will be notified by Human Resources using the Correspondence form (Attachment B).
- 2) Right to delete the personal information collected from them. A Covered Entity will submit a completed “Right to Delete” form (Attachment C) to a Human Resources representative for review. Human Resources will determine if the Covered Entity has these rights under the CPRA. If they do, the information will be deleted from company records. If they do not, then the Covered Entity will be notified by Human Resources using the Correspondence form (Attachment D).
- 3) Right to opt-out of the sale of their personal information. A Covered Entity who would like to opt-out of the sale of their personal information will need to contact a Human Resources representative and this request will be honored.
- 4) Right to non-discrimination for exercising rights under CPRA. A Covered Entity exercising any of their rights under CPRA will not be discriminated against for taking these actions.

**Attachment A**

**Covered Entity Right to Know Request Form**

<b>Section A: This section must be completed for all Right to Know requests</b>		
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
<b>Date of Birth</b>	<b>Social Security Number (optional):</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Name at time of employment, if different than above:</b>		
<b>Where do you want the information sent? Self or Personal Representative (indicated below)</b>		
<b>Personal Representative Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Fax Number:</b>		
Preferred method of communication related to request: <input type="checkbox"/> secure email <input type="checkbox"/> mail <input type="checkbox"/> pick up of paper copies <input type="checkbox"/> fax <input type="checkbox"/> Other electronic method. Please specify:		

Please print your name and sign below:

\_\_\_\_\_  
Name of Covered Entity or Personal Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Covered Entity or Personal Representative

\_\_\_\_\_  
Date

**ATTACHMENT B**

**Covered Entity Right to Know Request Correspondence Form**

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

To Whom It May Concern:

- We have received your request. Your request has been denied because you are not a resident of the State of California.
- We do not have any of your personal information or we are unable to identify that we have your information based on the information you provided.
- The requested records were compiled for litigation and we are not required to release information on these records.
- Your request includes information, which we received from a confidential source and we are not required to release it to you.
- Due to a delay in retrieving your information from storage, we will need an additional 30 days to provide you with the requested information.
  
- Other \_\_\_\_\_

If the reason for denial is due to missing information, please resubmit your request and provide the additional information requested so that we can process your request. If you have any questions, or if I can be of assistance, please do not hesitate to contact me at \_\_\_\_\_.

Sincerely,

**Attachment C**

**Covered Entity Right to Delete Information Request Form**

<b>Section A: This section must be completed for all Right to Delete requests</b>		
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
<b>Date of Birth</b>	<b>Social Security Number (optional):</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Name at time of employment, if different than above:</b>		
<b>Personal Representative Name (if applicable):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Fax Number:</b>		
Preferred method of communication related to request: <input type="checkbox"/> secure email <input type="checkbox"/> mail <input type="checkbox"/> pick up of paper copies <input type="checkbox"/> fax <input type="checkbox"/> Other electronic method. Please specify:		

Please print your name and sign below:

\_\_\_\_\_

Name of Covered Entity or Personal Representative

\_\_\_\_\_

Relationship

\_\_\_\_\_

Signature of Covered Entity or Personal Representative

\_\_\_\_\_

Date

**ATTACHMENT D**

**Covered Entity Right to Delete Request Correspondence Form**

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

To Whom It May Concern:

- We have received your request. Your request has been denied because you are not a resident of the State of California.
- We do not have any of your personal information or we are unable to identify that we have your information based on the information you provided.
- The requested records were compiled for litigation and we are not required to release information on these records.
- Your request includes information, which we legally are required to retain under Federal or State law and thus are not permitted to delete.
- Due to a delay in retrieving your information from storage, we will need an additional 30 days to provide you with the requested information.
  
- Other \_\_\_\_\_

If the reason for denial is due to missing information, please resubmit your request and provide the additional information requested so that we can process your request. If you have any questions, or if I can be of assistance, please do not hesitate to contact me at \_\_\_\_\_.

Sincerely,