

DATA SUBJECT REQUEST FORM

Itamar Medical Ltd. and its affiliates value the privacy rights of individuals. As required under applicable privacy legislation and data protection laws, including without limitations, the EU General Data Protection Regulation (“GDPR”), the Health Information Portability and Accountability Act of 1996 as amended by the Health Information Technology for Economic and Clinical Health Act (Title XIII of the American Recovery and Reinvestment Act of 2009), and their implementing rules and regulations codified at 45 C.F.R. Parts 160 and 164 (“HIPAA”), the California Consumer Privacy Act (“CCPA”) and Israeli Protection of Privacy Law, 5741 – 1981 (“Israeli Privacy Law”) (collectively, “Privacy Regulations”), individuals have certain rights regarding the processing of their personal data (which for the purposes of this form shall include protected health information (as such information is categorized under HIPAA), depending on the applicable jurisdiction).

In order to submit a data subject request (“DSR”) pursuant to the applicable Privacy Regulations, please complete and send this form to our privacy team at: privacy@itamar-medical.com. Upon receipt of the DSR, we will process and respond within the timelines required by Privacy Regulations. If additional information is necessary, we will contact you using the contact information you provided in this form.

Information provided in connection with this request will be processed solely for the purpose of processing and responding to the DSR and will be deleted immediately thereafter. For more information, please review our [privacy policy](#).

Contact Information: _____

Full Name: _____

Address (including zip code): _____

Email Address: _____

Please check the applicable box:

- I would like to receive information as to why and how you are processing my personal data.
- I would like assistance in exercising my rights under HIPAA through one of your customers.
- I would like to receive a copy of the personal data that you process with respect to me or that you transfer to third parties.
- I believe that my personal data that you retain is incorrect and I would like to correct it.
- I would like you to delete my personal data that you hold.
- I would like to access my data (EU Members and Israeli Residents).
- I would like you to stop processing my personal data and/or withdraw consent.
- I would like you to stop sending me direct marketing.
- Other.

Substantiate the request - please provide additional information about your request:

What is your relationship with us (user, customer, employee, partner, patient of customer, other):

VERIFICATION OF IDENTITY

In order to keep our customers safe we need to make sure you are indeed who you say you are, for this reason we need to verify your identity.

Please attach a photo ID document (i.e., driver’s license, passport) to this form.

Please provide proof of address so we can confirm the applicable Privacy Regulations in your jurisdiction (in order to do so please attach one of the following to this form: utility bill, bank statement, driver’s license, or tax document).

Thank you for filling out this form, we will process your request within 30 days, unless otherwise required by Privacy Regulations. We reserve the right to extend the aforementioned period if the request is complex or numerous or we require additional information. The processing of the request is free of charge, however, we

may want to reserve the right to charge a reasonable fee to cover certain administrative costs (such as providing additional copies of the data) or for handling manifestly unfounded or excessive requests.