

Instructions:

For those who opted in to Fulgent Genetics and would like to opt out.

Send the following email to privacy@fulgentgenetics.com,

Copy your HR Department

To the extent you, Fulgent Genetics, have relied on my consent to process anything related to my genetic information, genetic testing, genetic samples, and genetic characteristic, including such de-identified personal information in relation to the above, I would like to withdraw my consent and revoke my authorization. Fulgent states they will not include any such de-identified personal information in new research commencing within 30 days from the receipt of my request.

I would like to ask for my account to be deleted at privacy@fulgentgenetics.com

- I request to be withdrawn from any current or future research.
- I request for my account to be deleted.
- I would like to exercise my rights, per the contract under your Privacy Policy, and do the following:
 - I have a “Right to withdraw consent.” I withdraw my consent.
 - I have a “Right to erasure (the “right to be forgotten”).” I would like to be forgotten and for my information to be deleted.
 - I have a “Right to object to processing.” I object to processing.

My HR department did not fully inform me. I do not authorize my HR department, Fulgent Genetics, Picture powered by Fulgent Genetics, and any and all other “persons” to access my genetic information. I would like to ***Revoke Authorization for Fulgent Genetics, Picture Genetics (Powered by Fulgent Genetics), or any other “persons”***. I do not authorize any “persons” outside myself, to obtain, analyze, retain, or disclose my “*genetic samples, genetic test, genetic characteristic, or genetic information.*” I was not fully informed before signing up. See attached important information regarding my genetic information after following the instructions in [SB-1267 Genetic Information Privacy Act](#).

Thank you,
Your Name

Important Information Regarding My Genetic Information:

- The following types of people are authorized to obtain, analyze, retain, or disclose your genetic information:
I, _____, am the only authorized person.
 - The following is the nature of the genetic information that I am authorizing to be obtained, analyzed, retained, or disclosed:
I, _____, do not authorize any genetic information to be obtained, analyzed, retained, or disclosed by Fulgent Genetics or my HR, employment, or other “persons.”
 - The following is the name of the person(s) authorized to obtain, analyze, retain, or disclose my genetic information and his or her function:
I, _____, do not authorize anyone else to obtain, analyze, retain, or disclose my genetic information, regardless of his/her function.
 - My genetic information is being collected for the following purpose:
I, _____, do not authorize the collection of my genetic information.
- Unless I say otherwise as indicated below, my genetic information may not be used for any other purpose. My genetic information may not be retained, stored, identified, or made de-identifiable.

My Rights Regarding My Genetic Information:

- I have the right to limit the purposes for which my genetic information is used.
- I do not authorize any purposes for my genetic information. Once we fulfill the purpose(s) I have authorized in this form, you are required by law to destroy the genetic information and sample that I previously provided you.
- I am permitted to limit access to my genetic information to a certain person or persons.
- I am permitted to revoke this authorization at any time.
- I have a right to a copy of this authorization.

My Choices Regarding My Genetic Information:

- In addition to the purpose noted above, I do not authorize my genetic information to be used for research purposes.
- In addition to the purpose noted above, I do not authorize my genetic information to be used for commercial purposes.
- I would like to limit the purpose for which my genetic information is authorized to be used in the following way: There is no purpose for which my genetic information is authorized to be used.
- I would like to limit access to my genetic information to the following person or persons:
_____ (your own name.)
- I would like to receive a copy of this revoking of authorization.
- I would like to revoke any “persons” authorization to my genetic information, genetic samples, genetic tests, and genetic samples.

- (h) Any person who obtains, analyzes, retains, or discloses the genetic information of an individual shall comply with the following:
- (1) The person may not obtain, analyze, retain, or disclose the genetic information for any purpose other than the purpose authorized by the individual to whom the information pertains.
 - (2) Once the specific purpose authorized by the individual to whom the genetic information pertains has been fulfilled, the individual’s genetic information and DNA sample shall be destroyed.
 - (3) The person shall permit an individual to limit access to his or her genetic information to a certain person or persons.
 - (4) The person shall permit an individual to revoke an authorization signed pursuant to subdivision (g) at any time.
 - (5) The person shall provide an individual who has signed an authorization pursuant to subdivision (g) with a copy of that authorization upon request.

Printed Name _____ Signature _____
 Date _____ Received by _____

[SB-1267 Genetic Information Privacy Act.](https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201120120SB1267&showamends=false)
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