

Privacy Request Form

Thanks for stopping by the PharmXhealthOne Privacy Department.

At PharmXhealthOne we approach data and privacy the way we approach everything we do - - - we put you first. That means being transparent about your personal information—why it’s collected and how it’s used to craft a more personalized experience. It also means we let you know, ahead of time, what you lose by exercising your deletion rights:

PharmXhealthOne Website & PharmXhealthOne App: The email address you provide to PharmXhealthOne website and the PharmXhealthOne app allows you access patient portal and schedule your appointment online. Enabling access to this lets you utilize key app features like set up your appointment online, check your balance, make payment towards your balance, and send request to receive your health records. When you remove this information, you’re deleting your PharmXhealthOne account. In other words, to re-access patient benefits, you’ll need to create a new account.

PharmXhealthOne Wi-Fi Access & Continuous Sign In: Your email address helps us recognize you when you stop into any of our clinics/offices. Access to our Wifi is free.

Marketing Communications & Personalized Offers: Your contact information and order history enable us to provide you with personalized and relevant offers, products and company information.

Don’t love our messages? No hard feelings. We’ve made it easy to unsubscribe from our messages altogether. Just follow the opt-out instructions in each email, text or notification.

You may exercise your privacy rights at any time. Just fill out the form below for quick and secure processing. To safeguard the disclosure of your information, we may need additional details for validation.

If you’re submitting a privacy request on behalf of another customer, we’ll need a bit more information. Please send these requests via email to info@pharmxhealthone.com.

Finally, keep in mind that some of the information we collect is essential to our services. By exercising your right to deletion, you may lose some, or all, of the above benefits.

We hope to see you soon.

Warm regards,

The PharmXhealthOne Privacy Department

[Insert form below]

*** Select the request type**

Right to Information

Right to Access

Right to Deletion

*** First Name**

*** Last Name**

*** Email Address**

I'm not a robot



reCAPTCHA
Privacy - Terms

Submit