In accordance with Karuna Therapeutics’ data privacy notice, Karuna Therapeutics shall comply with individuals’ written requests to obtain information about how one’s personal data is being used and collected by Karuna Therapeutics. If your Personal Data are covered by the GDPR (that is, if you are an individual within the European Economic Area), you have the following rights with respect to your Personal Data:

* The right to request access to the Personal Data that Karuna Therapeutics has about you;
* The right to rectify or correct any Personal Data that is inaccurate or incomplete;
* The right to request a copy of your Personal Data in electronic format so that you can transmit the data to third parties, or to request that Karuna Therapeutics directly transfer your Personal Data to one or more third parties;
* The right to object to the processing of your Personal Data for marketing and other purposes;
* The right to erasure of your Personal Data when it is no longer needed for the purposes for which you provided it, as well as the right to restriction of processing of your Personal Data to certain limited purposes where erasure is not possible.

Please note that erasure or restriction of processing is only possible if and to the extent that the processing of Personal Data is based on your consent or our legitimate interests. If data processing is based on consent, note that you have the right to withdraw your consent at any time, but that the withdrawal of your consent does not affect the lawfulness of processing based on consent before its withdrawal. In the event of an erasure request, we may retain a copy of your Personal Data for our record-keeping purposes and to avoid entering your personal data in our systems after your request.

In the event that you believe or have the impression that our data processing does not comply with the GDPR, you are entitled to lodge a complaint with the responsible supervisory authority.

**Please select which information you’re inquiring about below. Select all that apply.**

* The right to know the categories of personal data that are being collected by Karuna Therapeutics;
* The right to be informed about how your personal data are being used and collected by Karuna Therapeutics;
* The right to know whether or not your personal data are being sold or disclosed by Karuna Therapeutics and to whom;
* The right to access your personal data;
* The right to rectify inaccuracies of your personal data;
* The right to erase your personal data (also known as the ‘right to be forgotten’), subject to applicable data retention laws and regulations;
* The right to restrict, or halt, processing/using information;
* The right to say “no” to the sale of personal data;
* The right to data portability;
* The right to object;
* The right to not be discriminated against, on the basis of service or price, for exercising your privacy rights
* The right to an accounting of disclosures; and
* Rights with respect to automated decision-making and profiling.

# In order to process your inquiry, please provide your contact information below and the additional information listed below.

**Your Contact Information:**

|  |  |
| --- | --- |
| Name (First and Last Name): |  |
| Company Name (if applicable): |  |
| Address: |  |
| Country of Residence: |  |
| Contact Number: |  |
| Email Address: |  |

**Additional Information:**

|  |  |
| --- | --- |
| Type of Study (if applicable): |  |
| Relationship to Karuna Therapeutics:* Clinical Trial Subject/Patient,

Employee, or Client or Vendor Personnel |  |
| Date(s) of Involvement:* When did the data collection take place, e.g., when was the clinical trial running or dates of employment
 |  |

**This form, including any other information and data samples you wish to include, should be submitted to Karuna Therapeutics privacy office at** **privacy@karunatx.com****.**

Karuna Therapeutics will respond to SARs within thirty (30) days of receipt, unless additional time is warranted due to the complexity of the request, at which point, the individual will be informed of the need for an extension.

Date of form submission: (DD/MMM/YYYY)