

Instructions:

Print and sign the Declaration below and email it to CORP.PersonalInformationRequest@HCAHealthcare.com. If you have any questions please contact us by calling **844-422-3282**.

Declaration of Consumer

I, _____ a resident of California, in connection with my request
Full Name of Consumer

to opt-in to the sale of my personal information, to receive the specific personal information collected about me or to delete personal information collected from me for the past 12 months (the "Request") by HCA Healthcare, Inc., do hereby declare, under penalty of perjury under the laws of California and the United States, that I am the consumer whose personal information is the subject of the Request.

This Declaration is made as of this date:

_____/_____/_____
Month Day Year

Consumer Signature