

California Consumer Privacy Act: Parental Consent Form

In compliance with the California Consumer Privacy Act of 2018 (CCPA), a parent (or legal guardian) of minors who are California residents/consumers under 13 years of age who agree to opt-in to the sale of a minor's personal information are required to complete this consent form. Also, when a minor is part of a household request to access specific pieces of personal information or to delete personal information parental consent is required.

Choose Request Type:

Opt-in to the sale of a minor's personal information

Opt-out of the sale of a minor's personal information

Minor is part of a Household Request:

Access specific pieces of personal information

Delete personal information

Minor's Full Name: _____

Minor's Date of Birth (Month/Date/Year): _____

Minor's Address: _____

City: _____ State: _____ Zip Code: _____

Custodial Parent/Guardian Full Name (print): _____

Relationship to Minor Child: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I do hereby declare, under penalty of perjury under the laws of California and the United States, that I am the parent or legal guardian of the minor (consumer) whose personal information is the subject of the Request.

Signature: _____ Date: _____

Scan and email this signed consent form to:

PersonalInformationRequest@HCAHealthcare.com or contact us at 844-422-3282.

You may revoke your consent to sell your minor child's personal information at any time. If you desire to revoke this consent, please write down your revocation of consent, and email it to PersonalInformationRequest@HCAHealthcare.com or contact us at 844-422-3282.