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.

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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