

INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM

SECTION A. Documentation

PERSONAL REPRESENTATIVE INFORMATION: Please identify below the legal authority you have to make decisions for the decedent, minor, adult who has been placed under conservatorship, or incapacitated individual who has appointed a health care agent under Division 4 of the California Probate Code, for whom you are acting as a personal representative.

- | | |
|---|--|
| <input type="checkbox"/> PARENTAL OR COURT-APPOINTED GUARDIAN | <input type="checkbox"/> COURT-APPOINTED CONSERVATOR |
| <input type="checkbox"/> APPOINTED HEALTH CARE AGENT | <input type="checkbox"/> COURT-APPOINTED EXECUTOR |
| <input type="checkbox"/> MEDICAL POWER OF ATTORNEY | <input type="checkbox"/> OTHER _____ |

You must include evidence with this request to verify your above-identified authority to make decisions for this individual.

In the space provided below, please identify the evidence being submitted with this request to verify your authority to make decisions for this individual.

SECTION B. Request for Prescription History Information in CURES

Instructions

1. The records requested must be of a decedent, minor, adult who has been placed under conservatorship, or incapacitated individual who has appointed a health care agent under Division 4 of the California Probate Code, for whom you have legal authority to act.
2. To complete this request form, you must:
 - a. Provide the first name, last name, date of birth, and address, of the represented individual’s controlled substance prescription dispensation records.
 - b. Specify the mailing address to which you authorize the Department to mail the requested CURES records via United States Postal Service.
 - c. Sign and date the Verification in Section C before a validly licensed notary public.
 - d. Submit this completed form and any required attachments to California Department of Justice, CURES Custodian of Records, P.O. Box 160447, Sacramento, CA 95816.
3. All fields within a row must be completed for each variation specified in Section B.
4. The Department will only return records **exactly matching the specified search criteria**.
5. Incomplete or deficient requests will not be processed.

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SECTION C. Verification***Verification to be completed by the individual's personal representative*****VERIFICATION**

I have read the instructions contained within this form. By submitting this request, I represent that the individual identified in Section B whose records are being requested is a decedent, minor, adult who has been placed under conservatorship, or incapacitated individual who has appointed a health care agent under Division 4 of the California Probate Code, whom I represent. I also represent that the information I have provided is true to the best of my knowledge, and I understand that it is illegal to report false or misleading information. I understand that without a complete form and signature, this form will not be processed.

Executed on _____, 20____, at _____, California.

Type or Print Name

Signature

To be completed by a notary public**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____ }

On _____ before me, _____, Notary Public,
(here insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (Seal)

Note: If you notarize this form outside of California, please use an acknowledgment form compliant with the laws of the state in which the notarization occurs.