

# INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM



## CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) 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.**

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### Section B. Request for Prescription History Information in CURES

#### Instructions

- 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.
- To complete this request form, you must:
  - Provide the first name, last name, date of birth, and address, of the represented individual's controlled substance prescription dispensation records.
  - Specify the mailing address to which you authorize the Department to mail the requested CURES records via United States Postal Service.
  - Sign and date the Verification in Section C before a validly licensed notary public.
  - Submit this completed form and any required attachments to California Department of Justice, CURES Custodian of Records, P.O. Box 160447, Sacramento, CA 95816.
- All fields within a row must be completed for each variation specified in Section B.
- The Department will only return records **exactly matching the specified search criteria**.
- Incomplete or deficient requests will not be processed.







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### **Privacy Notice**

As Required by Civil Code § 1798.24

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information being requested pursuant to California Health and Safety Code sections 11165(d), and 11190(c). In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** The following items of personal information requested in the form must be provided: Sections A, B, and C on this form. Failure to provide Sections A, B, and C will result in an unprocessed Information Practices Act Representative Request Form.

**Access to Your Information.** To access your information, the Department will only provide records exactly matching the specified search criteria in Section B.

**Possible Disclosure of Personal Information.** The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency if required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Department of Justice CURES Program at (916) 210-3187, by e-mail at [CURES@doj.ca.gov](mailto:CURES@doj.ca.gov), or by mail at:

Office of the Attorney General  
California Department of Justice CURES Program  
P.O. Box 160447  
Sacramento, CA 95816.