STATE OF CALIFORNIA CURES 201 (Rev. 07/2021)

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.

PARENTAL OR COURT-APPOINTED GUARDIAN	COURT-APPOINTED CONSERVATOR
APPOINTED HEALTH CARE AGENT	COURT-APPOINTED EXECUTOR
MEDICAL POWER OF ATTORNEY	

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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I request CURES record(s) matching the name, date of birth, and address criteria specified below:

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Street Address	City	State	Zip Code
					-	
		·				
		·				
				·		

Authorized Recipient Address			
I authorize the Department to mail any CURES records via United States Postal Service to the following address:			
ent Name:			
Address City State	Zip Code		
Requestor Contact Information			
Email Telephone No.			
Requestor Contact Information			

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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 Date	Year,	atCity	, State	
Ту	pe 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 certification is attached, and not the truthfulness, accuracy, or validity of that docume	te			
STATE OF	CALIFORNIA				
COUNTY (DF				
On	before me, (here insert name and title of the officer)	Notary Public,			
personally appeared					
Signature:	(Seal)				
Note: If you	notarize this form outside of California. please use an acknowledgme	nt form			

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.

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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, or by mail at:

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