

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.

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.

INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM

CURES-201 (09/2019) Page 2 of 3



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

DEPARTMENT OF JUSTICE
 PAGE 2 of 4

CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM

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

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth (MM/DD/YYYY)</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____
_____	_____	_____	_____	_____	<input type="text"/>	_____

Authorized Recipient Address

I authorize the Department to mail any CURES records via United States Postal Service to the following address:

Recipient Name: _____

_____	_____	_____	_____
Address	City	State	Zip Code

Requestor Contact Information

_____	_____
Email	Telephone No.

INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM



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

DEPARTMENT OF JUSTICE
PAGE 3 of 4

CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM

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 _____, _____.

Date

Year

City

State

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.



CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) INFORMATION PRACTICES ACT REPRESENTATIVE REQUEST FORM

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.