PRESCRIPTION PICK-UP AUTHORIZATION FORM

The following requirements must be met to pick up a prescription for someone else. This policy is designed to protect patient privacy according to the guidelines set in the Privacy Act of 1974. Prescriptions cannot be released until the below requirements are met.

Requirements:

1. Possess and present valid uniformed services identification (ID) card or Common Access Card (CAC).
2. Be in possession and present the patient’s uniformed services ID card or CAC or a copy of the same to include the front and back of the card.
3. Have the bottom statement signed by the patient authorizing the representative to act on his/her behalf for this purpose.
4. **Dependent Children 17 years or younger:** The parent or legal guardian of a dependent child may pick-up the medication(s) with their own uniformed services ID card or CAC. Anyone else acting as patient representative must meet requirements 1, 2, and 3 before the prescription(s) will be released.

AUTHORIZATION STATEMENT:

I, ________________________________________, hereby authorize ____________________________________,

_______________________________________ __________________________________________
PRINT or TYPE Full Legal Name    Full Legal SIGNATURE
Copy Front of ID Card Here                   Copy Back of ID Card Here