



**Authorization for Communication of Protected Health Information with Caregiver/Child/Spouse:**

This Value Specialty Pharmacy (VSP) authorization is for use if you wish to have a spouse, parent, adult child, or caregiver have access to your medical and health information on an on-going basis to assist with your care and maintain your information as well as authorize refills of your medication on your behalf.

**I. Patient Information:**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and phone number of local pharmacy you obtain most of your prescriptions from: \_\_\_\_\_

\_\_\_\_\_

**II. Person Authorized to Receive Information from VSP:**

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_



Please retain a copy for yourself and mail the original to: Value Specialty Pharmacy  
4200 Industrial Park Drive, Altoona, PA 16602  
Phone (855) 265-8008 | Fax (844) 812-6227