



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

Value Specialty Pharmacy is a Wholly Owned Subsidiary of Value Drug Co.