



Request to Appoint a Personal Representative

Instructions: To request a personal representative, please complete the information below, sign in the space provided and return to Eagle Pharmacy LLC, Compliance Department, 350 Eagles Landing Drive, Lakeland, Florida 33810 or via fax at (877) 283-9171.

SECTION A: PATIENT INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ ZIP: _____

SECTION B: PERSONAL REPRESENTATIVE INFORMATION

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Time Period for Personal Representation: From: ____ / ____ / ____ To: ____ / ____ / ____

NOTE: If no time period is provided, this request will remain in effect until the patient or his/her legal representative notifies Eagle Pharmacy in writing requesting a change.

SECTION C: AUTHORIZATION FOR REQUESTED DISCLOSURE

I hereby appoint the Personal Representative listed above to be designated as my personal representative and allow Eagle Pharmacy to disclose my protected health information ("PHI") to such Personal Representative. I understand this request applies to verbal and written communications from Eagle Pharmacy and its' business associates. I also understand that sensitive information such as: mental health, HIV/AIDS and alcohol/drug abuse may be disclosed, if such information is on file at Eagle Pharmacy.

****If the individual signing this form is not the patient, the individual must sign and attach documentation showing authorization to act on behalf of the patient.**

Patient Signature: _____ Date: _____

Print Name: _____