

AUTHORIZATION TO RELEASE PRESCRIPTION MEDICATIONS TO THIRD PARTIES

AUTHORIZATION TO USE THIS FORM: The authority to use this form, and to provide the service which it allows the medical treatment facilities (MTFs) of the Army Medical Department (AMEDD), is Army regulation (AR) 600-8-14 (Identification Cards for Members of the Uniformed Services, Their Family Members, and Other Eligible Personnel), para 6.6.7.1.2., which states, "The cardholder may photocopy DD Form 2 (Active), DD Form 2 (Retired) or DD Form 1173 to facilitate medical care processing, check cashing, or to administer other Uniformed Services benefits to eligible beneficiaries." This is a joint services regulation, which is also applicable to the following uniformed services: Air Force (AF Instruction 36-3026(I)), Navy (BUPERS Instruction 1750.10A, Marine Corps (Marine Corps Order P5512.1B), Coast Guard (Commandant Instruction M5512.1, and the Department of Commerce and Department of Health and Human Services (Commissioned Corps Personnel Manual 29.2, Instructions 1 and 2). In 1998, the Army Surgeon General issued U.S. Army Medical Command/Surgeon General Policy Letter, Supplemental Guidance 98-0020P, which authorizes AMEDD MTFs to honor photocopied ID cards to dispense prescription medications in accordance with AR 600-8-14, para 6.6.7.1.2.

WHERE WILL THIS FORM BE HONORED? This form will be honored by any Army, Air Force, Navy, Marine Corps or Coast Guard MTF that accepts photocopies of ID cards as proof for the dispensing of prescription medications. Some MTFs may not be aware of this program, or may have chosen not to participate in this program for one reason or another. If you encounter an MTF that does not participate in the program, you will have to utilize another that does.

WHEN WILL THIS AUTHORIZATION EXPIRE? This authorization is good up to and including the expiration date on the back of the ID card that is photocopied onto this form, or sooner if the patient so designates a specific expiration date for this authorization in item 4, below.

INSTRUCTIONS FOR COMPLETING THIS FORM:

a. The individual (the patient) who is authorizing another person (the designated individual) to pick up his or her prescriptions and/or refills must complete this form and sign it. If, due to a physical condition, the patient is not able to complete this form, his or her legal guardian may complete and sign the form. If the form is signed by other than the patient, a copy of a Power of Attorney must be presented along with this form to confirm that the person who signed it is legally authorized to do so. **This form must be signed after the patient's ID card is photocopied on it. (See para b, below.)** (Note: The patient's legal representative (or guardian) and the designated individual may be one and the same.)

b. The front and back of the patient's ID card must be photocopied onto this form before it is signed by the patient or the patient's legal representative. To do this, copy the front and back of the ID card on separate sheets of paper, trim them down and tape them in the spaces indicated below, and copy this form. After you have made a copy of this form with the ID card photocopied onto it, shred or tear up in small pieces, the copy of the form and ID card that you made the final form from. Remember, this form must be signed in item 6a after the ID card has been photocopied onto it. This form will not be honored at any MTF, and is subject to being confiscated, if it bears a photocopied signature in item 6a.

c. No alterations or corrections are permitted on this form. If a mistake is made when completing this form, you should destroy it and start another. If this form is presented at any MTF with corrections or alterations, it is subject to confiscation.

d. The person presenting this form at an MTF; that is, the designated individual, must also present a valid photo ID to verify his or her identity.

1. Patient's name (*Last, First, Middle*)

2. Sponsor's social security number

3. I hereby designate the following named individual to pick up my prescriptions and/or refills:

4. This authorization expires on:
 The date that my ID card expires (see below)
 The following date: _____

5. Photocopy of the patient's ID card

a. Front of ID card

b. Back of ID card

6a. Patient's or legal guardian's signature

6b. Date signed