



**Member/authorized representative signature**

Authorized signature of individual—or personal representative of individual—for whom the restriction is being requested:

X \_\_\_\_\_

Member Signature Date

X \_\_\_\_\_

Authorized Representative Signature (if applicable) Date

**Important: If legal documentation is not on file with Humboldt IPA, the authorized representative, including the parent, legal guardian, or executor of an estate, must attach a copy of legal documentation to this form.**

<b>Authorized Representative's Name:</b>		<b>Phone Number:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Relationship to Member and Authority to Act for Member:</b>		

**Please mail the completed form to:**

**Humboldt IPA  
Privacy Officer  
2315 Dean Street  
Eureka, CA 95501**

**or fax to 1-707-443-2527**