

Deceased Patient Medical Records Release Form

Instructions: This form is used to request the release of medical records of a deceased patient. To process this request, you must be the legally authorized representative (e.g., Executor of Estate, Administrator of Estate, or personal representative appointed by the court). Please print and complete this form.

1. Deceased Patient Information

Patient Full Name:

Date of Birth:

Date of Death:

Medical Record Number (if known):

Last 4 Digits of Social Security Number:

2. Requestor Information (Authorized Representative)

Your Full Name:

Relationship to Deceased (e.g., Executor, Administrator, Next of Kin):

Mailing Address:

Phone Number:

Email Address:

3. Recipient Information (Where to send the records)

Send Records To (Name of Individual or Organization):

Delivery Address:

Recipient Phone Number:

Recipient Fax Number (if applicable):

4. Description of Records to Release

Specific Dates of Service (e.g., MM/DD/YYYY to MM/DD/YYYY, or "All Records"):

Types of Records to Release (e.g., Discharge Summary, Lab Reports, Complete Record):

Purpose of Disclosure (e.g., Legal, Personal Use, Continuing Care):

5. Authorization and Signature

By signing below, I certify that I am the legally authorized representative of the deceased patient named above. I understand that I may be required to provide legal documentation (such as a death certificate, letters of administration, or court order) to verify my authority before records are released.

Signature of Authorized Representative:

Date Signed: