

Request for Deceased Patient's Records

Place patient label here or fill out information below:

Patient Name: _____

Date of Birth: _____

MRN: _____

Michigan Law

Michigan law recognizes a patient's right to privacy of their medical information, even after death.

- You **cannot** request the deceased patient's medical records if you were only the Durable Power of Attorney for Healthcare or Patient Advocate for the patient. These positions are automatically done (terminated) at the time of the patient's death.
- You **can** request copies of the deceased patient's medical records if you are the court appointed Personal Representative of the patient, Beneficiary of the patient's Life Insurance, or the Heir at Law.
 - You must fill out all the information below.
 - Provide a copy of the patient's death certificate along with any other information requested below.
 - Must also include a completed Authorization to Access or Release Medical Information form.

Deceased Patient Information

Patient Name _____

Date of Birth _____ Date of Death _____

Address (Street, City, State, Zip Code) _____

Requestor Information: The requestor is the person that would like to get the patient's medical records.

Requestor Name _____

Telephone Number _____ Relationship to Deceased Patient _____

Address (Street, City, State, Zip Code) _____

I am (check all that apply):

- The **Personal Representative** of the deceased patient.
 - Include a copy of the legal document and your driver's license or state ID card.
- A **Beneficiary of the Life Insurance policy** of the deceased patient.
 - Include a copy of the Certificate of Coverage that lists you as a named beneficiary and your driver's license or state ID card.
- The **Heir at Law** of the deceased patient.
 - To qualify as Heir at Law in the state of Michigan, I know my relationship to the deceased patient must be through natural birth or adoption.
 - I have checked with all Heirs at Law of the patient (if any). Each has agreed that they do not object to getting copies of the deceased patient's medical records.
 - Include a copy of your driver's license or state ID card.
 - **Choose the Heir at Law statement that applies:**
 - I am the surviving **spouse** of the deceased patient.
 - I am the surviving **adult child** of the deceased patient.
 - I am the surviving **parent** of the deceased patient.
 - I am the surviving **aunt or uncle** of the deceased patient (sibling of the deceased patient's parent).
 - I am a surviving **descendant** of the deceased patient – Relationship: _____

Requestor Signature _____

Date _____

Time _____