

Place patient label here or fill out information below:

Patient Name: _____

Date of Birth: _____

MRN: _____

Request for Deceased Patient's Records

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 just 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 of the information below, **provide a copy of the patient's death certificate** as well as any other information mentioned below.

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 _____