

REQUEST FOR MEDICAL RECORDS

Date:

ME Case No:

ATTN: Release of Information

Patient Information

Name:

DOB:

DOD:

SSN:

The Office of the Medical Examiner is currently investigating the death of the above name decedent and hereby requests a copy of the decedent's medical records.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) at 45 C.F.R. § 164.512(g) permits release of protected health information without an authorization, subpoena, or court order to coroners and medical examiners acting within the scope of their duties.

Tenn. Code Ann. § 38-7-110(e) and § 38-7-117(a) also authorize post-mortem officials acting within their scope of duty to obtain by written request any medical or hospital records that pertain to a case under investigation.

Please _____ the following records to
_____ as soon as possible. Thank you for your time.

Autopsy Report

H&P and Discharge Summary

Operative Notes and/or Report

Progress Notes for **(enter length of time requested)**

Other: _____

Signed: