

Personal Representative Statement

A completed authorization for release of patient information (Form 32256MH) must be attached to this document.

Patient Name _____ Date of Birth _____

Medical Record Number _____

Instead of documentation of personal representative status (Letters of Authority), I state that I am an heir-at-law of the above deceased patient (Patient). An Heir at law is defined as: 1.

1. Surviving spouse AND all children (if any) of the deceased.
2. All children of the deceased if there is no surviving spouse.
3. Parent (one or both) if the deceased of there is no surviving spouse AND no children.

I have consulted with all heirs-at-law of the Patient (if any) and each has agreed that they do not object to my receiving a copy of the Patient's medical record.

ALL heirs-at-law have been consulted and their signatures appear below.

Signature: _____ Relationship: _____
Spouse, Son, Daughter, Sibling

Print Name: _____ Date: _____

I am an heir-at-law of the Patient. I do not object to the release of Patient Information as stated above.

Signature: _____ Relationship: _____

Print Name: _____ Date: _____

I am an heir-at-law of the Patient. I do not object to the release of Patient Information as stated above.

Signature: _____ Relationship: _____

Print Name: _____ Date: _____

I am an heir-at-law of the Patient. I do not object to the release of Patient Information as stated above.

Signature: _____ Relationship: _____

Print Name: _____ Date: _____

I am an heir-at-law of the Patient. I do not object to the release of Patient Information as stated above.

Signature: _____ Relationship: _____

Print Name: _____ Date: _____

I am an heir-at-law of the Patient. I do not object to the release of Patient Information as stated above.

Signature: _____ Relationship: _____

Print Name: _____ Date: _____

I am an heir-at-law of the Patient. I do not object to the release of Patient Information as stated above.

Signature: _____ Relationship: _____

Print Name: _____ Date: _____