

## REQUEST FOR DECEASED PATIENT RECORDS

Montana State Hospital (MSH) maintains protected health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA). MSH is a covered entity under HIPAA, and must comply with HIPAA and Montana law with respect to the Protected Health Information (PHI) of a deceased individual.

45 CFR 164.502 (g)(4) of HIPAA states "If under applicable law an executor, administrator or other person has authority to act on behalf of a deceased individual or of the individual's estate, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation."

Montana Codes Annotated 50-16-804 states "A personal representative of a deceased patient's estate may exercise all of the deceased patient's rights under this part. If there is no personal representative or upon discharge of the personal representative, a deceased patient's rights under this part may be exercised by the surviving spouse, a parent, an adult child, an adult sibling, or any other person who is authorized by law to act for the deceased person."

45 CFR 164.514 (h) of HIPAA requires MSH to verify the identity of the person requesting PHI and the requesting person's authority to access the PHI. When the individual is deceased, the person requesting the PHI needs to show documentation proving that the "representative" is the executor or administrator of the estate of the deceased. If there is no personal representative the requesting person must provide supporting evidence of kinship as the surviving spouse, a parent, an adult child, an adult sibling, or individual otherwise authorized by law to act for the deceased person.

The requesting individual must provide:

- A completed Request for Release of Deceased Individual's Archived Records form;
- Attached documentation stating legal authority for access; and
- An attached copy of your photo ID

Examples of acceptable documentation include:

- A copy of the court order establishing the executor, administrator, personal representative, or authority to act on behalf of the deceased person.
- A copy of birth and death certificates identifying next of kin.
- A copy of the deceased's obituary identifying next of kin.
- Marriage certificate and proof (e.g., a letter from clergy) stating marriage was still in effect at time of death.
- Any other legal documentation that establishes kinship.

Mail requests and supporting documentation to:

HEALTH INFORMATION DEPT  
MONTANA STATE HOSPITAL  
PO BOX 300  
WARM SPRINGS MT 59756

**MONTANA STATE HOSPITAL**  
**REQUEST FOR RELEASE OF DECEASED INDIVIDUAL'S ARCHIVED RECORDS**

\_\_\_\_\_  
(Name of Deceased Individual including maiden and any other known names)

(D.O.B)\_\_\_\_\_ ( D.O.D.)\_\_\_\_\_

\_\_\_\_\_  
(Name of Person requesting records)

\_\_\_\_\_  
(Relationship to individual)

\_\_\_\_\_  
(Address)

(\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(City, State, Zip)

I am requesting Protected Health Information within the date range of

\_\_\_\_\_ (start date) to \_\_\_\_\_ (end date):

___ Discharge Summary	___ Psychological Assessment	Other: _____
___ Laboratory Studies	___ Social History	_____
___ Physical Examination	___ Treatment Plan	_____
___ Psychiatric Evaluation	___ Summary Card	_____

The purpose or need for this disclosure is: \_\_\_\_\_

Legally Authorized Representative: \_\_\_\_\_  
(Signature)

Please Print Name: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Representative's Authority to act on behalf of the individual: \_\_\_\_\_

\*Attach documentation supporting legal authority

Mail to:  
Health Information Dept  
Montana State Hospital  
PO Box 300  
Warm Springs, MT 59756  
Phone: 406-693-7240 Fax: 406-693-7160