



**Health Information Management
200 Belle Terre Road
Port Jefferson, NY 11777**

Date _____

Dear _____,

The New York State Department of Health Medical Records Access Law has been amended regarding access to the medical records of deceased patients. The law states that records may be accessed by:

- An administrator of the estate or executor of the will
- A distributee when there is no administrator/executor appointed
- An attorney holding an explicit power of attorney granted by:
 - An administrator or executor of the deceased patient's estate

OR

- A distributee of the deceased patient if an administrator or executor has not yet been appointed

Prior to providing access to the information you are requesting, the law requires that certain documentation be presented to the hospital:

- Administrator/Executor of estate:
 - Documentation that you are the administrator of the estate or executor of the will
 - A copy of a certified copy of the patient's death certificate
 - A written request for records including dates of treatment
- Distributee: if no administrator or executor has been appointed, and you are a distributee, you may access your deceased family member's record if the following documents are provided:
 - A copy of a certified copy of the patient's death certificate
 - A written request for records including dates of treatment
 - A completed & signed Confirmation of Distributee Status (attached)
- Attorney with power of attorney:
 - A copy of a certified copy of the patient's death certificate
 - A power of attorney signed by the distributee. The power of attorney must explicitly authorize the attorney to make a written request for patient information. The terms and conditions of the power of attorney must include duration and scope of permitted actions. Only attorneys representing the patient's estate are entitled to access records under this law. The copy of the power attorney must be provided to the hospital.
 - A written request for records including dates of treatment
 - A completed & signed Confirmation of Distributee Status (attached)

Once an administrator or executor is appointed, the administrator or executor is permitted access to the patient information, and the distributee no longer has access.

Kindly return the required documentation to my attention.

Sincerely,

HIM Correspondence Clerk

CONFIRMATION OF DISTRIBUTE STATUS

Patient Name: _____

I am requesting access to the medical information of the deceased patient named above (the "Patient"). I am entitled to such information because (check the item that applies):

- I am a distributee of the Patient and neither an administrator nor an executor of the Patient's estate has been appointed as of this date.
- I am an attorney representing a distributee of the Patient and have been appointed by that distributee as his or her agent by a power of attorney (power of attorney attached).

As required by law, attached is a copy of a certified copy of the Patient's death certificate. (please check)

Accordingly, I confirm each of the following statements:

1. I (or my client) am (is) a distributee of the Patient because I (or my client) am (is) (check the item which applies):
 - The **spouse** (no divorce or annulment or decree of separation applies) or **child** of the Patient.
 - The **grandchild** of the Patient and my parent, who was a child of the Patient, was deceased at the time of the Patient's death.
 - The **parent** of the Patient and the Patient did not have a living spouse, child, grandchild, or great-grandchild at the time of the Patient's death.
 - A **sister or brother** of the Patient and the Patient did not have a living spouse, child, grandchild, great-grandchild or parent at the time of the Patient's death.
 - Other, please describe* _____

Note: Half brothers and sisters are treated the same as brothers and sisters. Adopted children and non-marital children are treated the same as biological children.

2. Neither an executor nor an administrator for the Patient's estate has, as of this date, been appointed.

I HAVE READ THE STATEMENTS ABOVE AND UNDERSTAND THEM. MY SIGNATURE BELOW REPRESENTS MY CONFIRMATION THAT EACH OF THE ABOVE STATEMENTS IS TRUE.

Name of Individual Requesting Information (Please Print)

Date

Signature of Individual Requesting Information

* Notify administration and seek legal counsel as necessary.