PLACE ON LETTER HEAD

Dear _____,

We have received your request for medical records for _____, deceased "Decedent." Washington State law (RCW 70.,02.140, RCW7.70.065) identifies a statutory priority among individuals that have the authority to consent to the release of a decedent's medical records. Before we can release the records to you, we need to confirm that you are eligible to consent to the release.

1. If a personal representative has been appointed for Decedent's estate, the medical records can only be released with the personal representative's authorization. Please check the appropriate statement.

____ I am the Personal Representative and have attached a copy of the Letters Testamentary or Letters of Administration, **or**

____No personal representative has been appointed. Please proceed to item No. 2.

2. If Decedent was under a guardianship at the time of death, the medical records can only be released with the guardian's authorization. Please check the appropriate statement.

____ I was the Guardian at the time of Decedent's death and have attached a copy of the Letters of Guardianship, **or**

____Decedent did not have a Guardian appointed. Please proceed to item No. 3.

3. If Decedent had a durable power of attorney in effect at the time of death, the medical records can only be released to the attorney in fact named under the power of attorney. Please check the appropriate statement.

____ I was the attorney in fact at the time Decedent's death and have attached a copy of the Durable Power of Attorney and all eligible attorneys in fact consent to this release, **or**

____Decedent did not have a Durable Power of Attorney. Please proceed to item No. 4.

4. If Decedent was survived by a spouse, the medical records can only be released to the surviving spouse. Please check the appropriate statement

____ I am the surviving spouse, **or**

____Decedent had no surviving spouse. Please proceed to item No. 5.

5. If Decedent was survived by children over the age of 18, the medical records can only be released to a child over the age of 18. Please check the appropriate statement.

____ I am surviving child of decedent and am over the age of 18 and all surviving children consent to this release, **or**

____Decedent had no surviving children. Please proceed to item No. 6.

6. If Decedent was survived by a parent, the medical records can only be released to a surviving parent. Please check the appropriate statement.

____ I am a surviving parent of decedent and all surviving parents' consent to this release, **or**

____Decedent had no surviving parent. Please proceed to item No. 7.

7. If Decedent was survived by siblings over the age of 18, the medical records can only be released to siblings over the age of 18. Please check the appropriate statement.

____ I am a surviving sibling of decedent and am over the age of 18 and all surviving siblings consent to this release, **or**

____Decedent had no surviving siblings. Please proceed to item No. 8.

8. If Decedent was survived by grandchildren over the age of 18, the medical records can be released to grandchildren over the age of 18 who are familiar with the Decedent. Please check the appropriate statement.

____ I am a surviving grandchild of decedent and am over the age of 18, am familiar with the Decedent and all surviving grandchildren familiar with the Decedent consent to this release, **or**

____Decedent had no surviving grandchildren over the age of 18. Please proceed to item No. 9.

9. If Decedent was survived by nieces or nephews over the age of 18, the medical records can only be released to nieces or nephews over the age of 18 who are familiar with the Decedent. Please check the appropriate statement.

____ I am a surviving niece or nephew of Decedent, am familiar with the Decedent and all surviving nieces and nephews familiar with the Decedent consent to this release, **or**

____Decedent had no surviving nieces or nephews over the age of 18. Please proceed to item No. 10.

10. If Decedent was survived by uncles or aunts over the age of 18, the medical records can only be released to uncles or aunts over the age of 18 who are familiar with the Decedent. Please check the appropriate statement.

____ I am a surviving uncle or aunt of decedent, am over the age of 18, am familiar with the Decedent and all surviving uncles and aunts familiar with the Decedent consent to this release, **or**

____Decedent had no surviving uncles or aunts over the age of 18. Please proceed to item No. 11.

11. Decedent was not survived by any individual qualified to consent under items one through ten above and I am over the age of 18, have exhibited special care and concern for the Decedent, am familiar with the Decedent's personal values.

____ I meet the qualifications required under item No. 11.

The undersigned declares under penalty of perjury of the laws of the State of Washington that the above information is true and correct.

Dated: _____ Signed: _____