/// Dartmouth-Hitchcocl
Decedent Surviving Sp

ouse/Next of Kin

MRN:
Name:
DOR:

Affidavit	DOB:
I,(Requester Name), being	g duly sworn, do hereby state as follows:
I am requesting a copy of	(Patient's Name) legal medical record.
priority:	the following surviving individuals in order of a only in the absence of a surviving spouse. urviving spouse or adult child. Stration has been initiated on behalf of the ed access to the requested records by any court.
Signature:	Date:
STATE OF NEW HAMPSHIRE COUNTY OF	
Signed and sworn to (or affirmed) before me on the (name of person).	day of, 20, by
(Signature of notarial officer)	_
Notary Public, State of New Hampshire My Commission Expires:	(seal)
Requirements for Release of PHI to a Surviving Spouse or Ne Under New Hampshire law, a decedent's medical record may next of kin where there is no estate administration when: (a) the state of the stat	be released to a properly identified surviving spouse or

any prior expressed preferences of the deceased individual and no court of competent jurisdiction has ordered that the surviving spouse or next of kind not have access to those records; (b) the request is made within 3 years of the decedent's death; and (c) the surviving spouse or next of kin provides Heath Information Services (HIS) with proper identification, a copy of the death certification, and a notarized affidavit representing that he/she is the surviving spouse/next of kin and confirming that there is no Executor or Administrator of the decedent's estate.

HIS will send records to only the surviving spouse or next of kin, not to third parties on behalf of the surviving spouse/next of kin.

FOR INTERNAL USE ONLY

Proof of Identity as	
Surviving Spouse/Next of	
Kin	
Name and Signature of	
Employee	