UCBC
UNIVERSITY CANCER
& BLOOD CENTER

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## DECEASED PATIENT REPRESENTATIVE/BENEFICIARY REQUEST

| Patient Name | Date of Birth | Phone Number |
|---|---|---|
| | | |

| Address (Street, City, State, Zip Code) |
|---|
| |

Deceased Patient's Date of Death:

- ◆ Please provide a copy of the patient's Certificate of Death.

*Georgia law recognizes a patient's right to privacy of their medical information even after their death. If you were the Durable Power of Attorney for Healthcare or Patient Advocate, Georgia law states authority of those positions automatically terminate at the time of the patient's death. If you are the court appointed Personal Representative for the deceased patient, the appropriate Heir at Law, or Beneficiary of the deceased patient's Life Insurance you may request copies of the deceased patient's medical records. Please provide all the information requested on this form.*

| Requestor Name | Date of Birth | Phone Number |
|---|---|---|
| | | |

| Address (Street, City, State, Zip Code) |
|---|
| |

Relationship to Deceased:

- ❑ I am the Personal Representative of the deceased patient named above.
  - ◆ Please provide a copy of the Executor of Estate or Letter of Testamentary and photo ID.
- ❑ I am a Beneficiary of the Life Insurance policy on the deceased patient named above.
  - ◆ Please provide a copy of the Certificate of Coverage listing you as a named beneficiary and your photo ID
- ❑ I am the Heir at Law of the deceased patient named above. I have consulted with all Heirs at Law (see list describing heirs below) of the patient (if any) and each has agreed they do not object to my getting copies of the deceased patient's medical records. Under Georgia law to qualify as an Heir at Law your relationship with the deceased patient must be through natural birth or adoption, either whole or half-blood. An individual related to the deceased patient only through a step-relationship does not quality as an Heir at Law.
  - ◆ Please provide your driver's license or state ID card.
    - ❑ I am the surviving spouse of the deceased patient.
    - ❑ I am a surviving child of the deceased patient.
    - ❑ I am a surviving parent of the deceased patient. (e.g. father, mother)

| Signature of Legal Representative/Heir at Law: | | Date: | Time: |
|---|---|---|---|
| | | | |
| ID Checked? ❑ YES ❑ NO | UCBC Staff Initials: | Authorization Complete? | ❑ YES ❑ NO |
| Copy of Legal Papers Received: | ❑ Executor of Estate/Letter of Testamentary | ❑ Insurance Certificate of Coverage | |

Please also complete the Authorization to Use or Disclose PHI form for specific information to be released.