



**Access Request—Dying or Deceased Individuals
Hillsborough County
Request for Access to Protected Health Information
Pertaining to Dying or Deceased Individuals**

Directions: This form is to be used whenever there is a request for access to an individual's protected health information as it pertains to dying or deceased individuals. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Read this page carefully and sign the access request to confirm that you understand its content.

Date: _____

Provide the name, title, organization and phone number of person making request or receiving information:

The information is in regard to:

Individual's full name: _____

SSN or other patient identifier: _____

This request is in regard to a deceased individual, and Hillsborough County:

- Suspects that the death is a result of a crime and is alerting law enforcement officials.
- Is providing information to a coroner or medical examiner to assist in determining the deceased's identification, cause of death, or for other duties authorized by law.
- Is providing information to an organ procurement organization or other entity that provides services consisting of organ/tissue/eye procurement, donation, banking, and/or transplantation.
- Is providing information that is necessary to a funeral director to perform funeral director duties consistent with the law. Hillsborough County can provide such information about a dying individual when death is imminent and the information is necessary to the funeral director.
- About a deceased person and Hillsborough County:
 - Suspects that the death is a result of a crime and is alerting law enforcement officials; or
 - Is providing PHI to a coroner or medical examiner to assist in determining the deceased's identification, cause of death, or for other duties authorized by law.

Verification of requestor's identity: _____

Verification of requestor's authority (if applicable): _____

Print name of requestor: _____

Original Signature of Requestor: _____

Date: _____

<p><i>For internal use only:</i> Date Received: _____ Recipient: _____</p>
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