

## Utah State Hospital Access to a Deceased Individual's Records Request Form

*(For use by individuals requesting records of a deceased individual.)*

Return Address: Medical Records Department, Utah State Hospital, P.O. Box 270, Provo, UT 84603-0270  
Phone: (801) 344-4289 Fax: (801) 344-4223

Name of Deceased Individual:	Date of Birth:

Name of Person Requesting Records:	Relationship to Deceased Individual:
Address:	
City, State, Zip:	Phone Number:

If you are asking for access to healthcare records that we have, please consider the following:

- We cannot give you access to psychotherapy notes.
- We may deny you access to information if it was given to us by someone other than a healthcare provider, under the promise of confidentiality.

I am asking for copies of healthcare information for the following time period.

From: \_\_\_\_\_ To: \_\_\_\_\_

Please indicate below what information you are requesting:

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Psychological Assessment	Other: _____
<input type="checkbox"/> Psychiatric Assessment	<input type="checkbox"/> Social History	_____
<input type="checkbox"/> Physical Examination	<input type="checkbox"/> Treatment Plan	_____

*(See other side for information about your rights)*

Legally Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Please Print Name: \_\_\_\_\_

Representative's Authority to act on behalf of the individual: \_\_\_\_\_

NOTE: Please attach documentation supporting legal authority.

**Right to Access Information:**

- To obtain records of a deceased individual you must be the legally authorized representative of the deceased individual and must attach documentation that you have authority to act on behalf of the deceased individual or of the individual's estate.
- You have a right to have an answer to your request within 30 days. If the information is not at this location, you have the right to have an answer within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- Your request may be denied if professionals involved in your case believe that access to information could be harmful to you or others.
- The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will get an answer in writing. The answer will include the reason for the decision.
- You have the right to file a privacy complaint. Privacy complaints may be directed to any of the following:

Privacy Officer  
Medical Records Department  
Utah State Hospital  
P. O. Box 270  
Provo, UT 84603-0270  
(801) 344-4219

U.S. Department of Health and Human Services, Office for Civil Rights  
1961 Stout Street, Room 1185 FOB  
Denver, CO 80294-3538  
Voice Phone (303) 844-2024  
FAX (303) 844-2025 TDD (303) 844-3439  
e-mail: [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

Approved	<input type="checkbox"/>	_____
Denied	<input type="checkbox"/>	_____
Delayed	<input type="checkbox"/>	_____
If delayed, we will act on your request by: _____		
Comments: _____		
_____		
_____		
_____		
USH Representative Signature		Date