



Ada County Coroner's Office
AUTHORIZATION FOR USE OR RELEASE OF INFORMATION

I hereby authorize Ada County Coroner's Office to release information regarding the following person:

Name of Decedent: _____

Date of Birth: _____

Date of Death: _____

This information is to be released to the following person/provider:

Personal Representative: _____

Relationship to Decedent: _____

Address: _____

Telephone: _____ Fax: _____

Information released shall be limited to:

_____ Complete Autopsy Report (includes toxicology)

_____ Other (specify): _____

Purpose: The above information may be released by the Coroner's Office to the person or provider listed above.

Voluntary Authorization: I understand that I may refuse to sign this authorization.

Expiration: I understand that I can revoke the authorization by writing, but if I do not revoke the authorization, it will automatically expire two years from the date this authorization is signed.

Subsequent Disclosure: I understand that information may be subsequently used or disclosed by the person or provider listed above and may no longer be protected by the HIPAA Privacy Rule or the Federal Drug and Alcohol requirements.

Revocation: I understand I can revoke my authorization at any time in writing, although any use or disclosure that occurred prior to the date of my revocation is not affected, and is only revocable to the extent that the Coroner's Office has not acted in reliance on it.

Copy: I understand that I am able to receive a copy of this completed form.

I understand that this authorization extends to the information specified above which MAY INCLUDE information related HIV/AIDS, sexually transmitted disease, behavioral or mental health services, and/or treatment for alcohol/drug abuse. My signature below authorizes release of all such information. I also swear or affirm that I am the personal representative of the deceased person named above.

Signature of Personal Representative: _____ **Date:** _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

*ADDRESS TO MAIL REPORT(S) IF DIFFERENT FROM ABOVE: