Michigan Medicine Revenue Cycle Mid – Service (HIM) **Release of Information Unit** 777 E. Eisenhower Parkway, Suite 400 Ann Arbor, Michigan 48109-2435 Phone: (734) 936-5490 Fax: (734) 936-8571	**Affidavit of Heir or Life Insurance Beneficiary Requesting Medical Records**	**For Office Use Only:** **Information:** ☐ Mailed ☐ Picked Up ☐ Faxed **ID Verified:** ☐ Yes ☐ No **Date Received:** _____ **Date Processed:** _____ **Processed By:** _____ ☐ HIM Staff ☐ Other: _____

If you are the court appointed personal representative for the deceased patient or the appropriate heir at law you may request copies of the deceased patient's medical records. Please provide all the information requested on this form.

1. Deceased Patient's Name: _____
   Last First Middle
   Address: _____
   Street City State Zip code
   Birth Date of Deceased Patient (dd/mm/yyyy) _____
2. Name of Requestor: _____ Telephone Number _____
   Last First MI
   Address of Requestor: _____
   Street City State Zip code
3. Description of Requested Records and dates of service: _____

AFFIDAVIT

I, _____ (Requestor, same name as in Item 2 above), am requesting copies of the medical records, described above as an (check one):

☐ Heir at Law of the Deceased Patient **(Please check the box in Section A that best describes your claim as an heir at Law. Please provide a copy of the Certificate of Coverage and drivers license or state ID card)**

☐ Beneficiary of the Deceased Patient's Life Insurance **(Please Complete Section B and provide copies of the Certificate of Coverage and your driver's license or state ID card)**

☐ Personal Representative/Successor Personal Representative as designated by Probate Court or **written will. (Please provide a copy of the legal document and your driver's license or state ID card)**

Heir at Law of Deceased Patient

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 qualify as an heir at law.

A. I attest that I am an heir at law of the deceased patient because:
   1. ❒ I am the surviving spouse of the deceased patient
   2. ❒ I am a surviving descendant of the deceased patient (e.g. child, grandchild)
   3. ❒ I am a surviving parent of the deceased patient (e.g. mother, father)
   4. ❒ I am a surviving descendant of the deceased patient's parent (e.g. brother, sister, niece, or nephew of the deceased patient)
   5. ❒ I am a surviving grandparent of the deceased patient (e.g. grandmother, grandfather)
   6. ❒ I am a surviving descendant of the deceased patient's grandparent (e.g. aunt, uncle, or first cousin of the deceased patient).

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Affidavit of Heir or Life Insurance Beneficiary Requesting Medical Records

Life Insurance Policy Beneficiary

B. I am a beneficiary of the Deceased Patient's life insurance policy. I attest that I need a copy of the Deceased Patient's medical record for the purpose of providing documentation to the life insurer that is examining my claim for benefits under the life insurance policy. I have provided the following to verify my identity:

1. Copy of the Certificate of Coverage listing me as named beneficiary or category of beneficiary
2. Copy of my driver's license or state ID

I attest that all of the above statements are true to the best of my knowledge.

Signature of requestor

Print Name of requestor

Subscribed and sworn to before me this ____ day of ____ (month), ____ (year).

____, Notary Public
____ County, State of Michigan
Acting in ____ County, Michigan
My commission expires: ____

Complete only if requestor signs by use of a mark:

Printed name of witness

Signature of witness — Date (mm/dd/yyyy)

Printed name of witness

Signature of witness — Date (mm/dd/yyyy)

UMH has verified the identification ____ (requestor's name)

By ____ (type of verification, e.g., driver's license or state ID)

Verification completed by (Employee name and signature) — Date (mm/dd/yyyy)