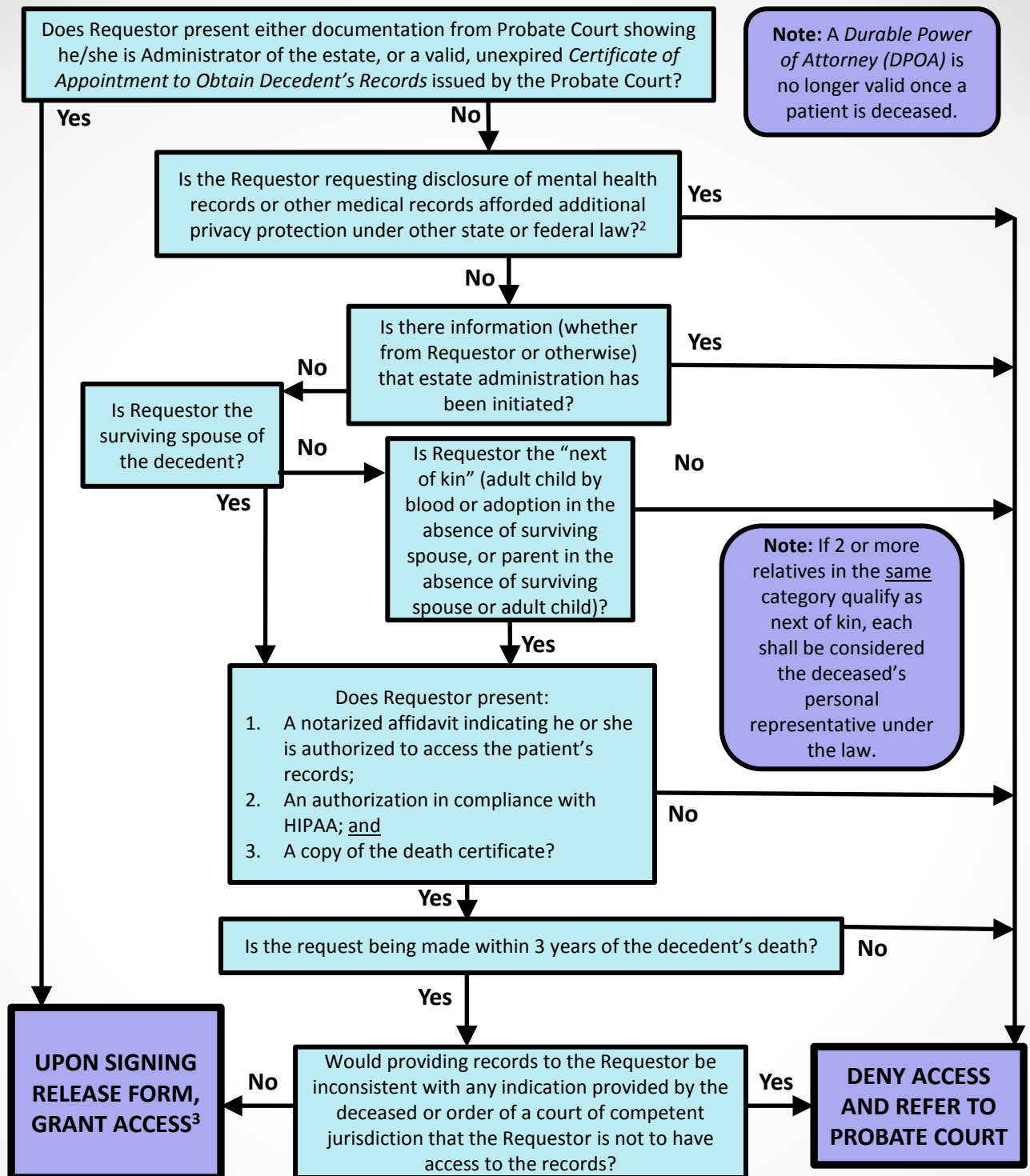


Release of Medical Records of a Deceased Patient (NH)¹



¹ Protections under HIPAA expire 50 years after a decedent's death, however additional privacy protections under state or federal law afforded to specific types of records may continue beyond 50 years. Consult counsel for advice as to how to proceed.

² Access to mental health records must be denied. For other medical records afforded additional privacy protection under other state or federal law, consult counsel for advice as to how to proceed.

³ Facilities may also disclose to a family member, other relative, close personal friend, or other individual who was involved in the decedent's care or payment for care, such medical records of the decedent that are relevant to the Requestor's involvement in the decedent's care or payment for care.

AFFIDAVIT OF SURVIVING SPOUSE SEEKING ACCESS TO MEDICAL RECORDS

I, _____, being duly sworn, do hereby state as follows:

As "Surviving Spouse" or "Next of Kin" of _____ (name of "decedent"), I am requesting a copy of the decedent's legal medical record.

I acknowledge that Next of Kin includes the following surviving individuals:

- 1. Adult child by blood or adoption only in the absence of a surviving spouse.
- 2. Parent only in the absence of a surviving spouse or adult child.

I represent that, as the surviving spouse, adult child by blood or adoption, parent (circle one) of the decedent, that I am the Surviving Spouse or Next of Kin and that there is no survivor of higher priority.

I hereby represent and affirm that no estate administration has been initiated on behalf of the decedent and that I have not applied and been denied access to the requested records by any court.

I declare subject to the criminal penalty of false swearing established in RSA 641:2 that the foregoing statements are true and correct.

Date: _____

Signed: _____

STATE OF NEW HAMPSHIRE
COUNTY OF _____.

Signed and sworn to (or affirmed) before me on the _____ day of _____, 20____, by
_____ (name of person).

(Signature of notarial officer)

Notary Public, State of New Hampshire

(seal)

My Commission Expires: _____

**The information provided is for general information purposes only. It is not intended to be taken as legal advice for any individual case or situation. The receipt or viewing of this information is not intended to create, and does not constitute, an attorney-client relationship between Shaheen & Gordon, P.A. or any of its attorneys and the receiver of this information, nor, if one already exists, does it expand any existing attorney-client relationship. Recipients are advised to consult their own legal counsel for legal advice tailored to their particular needs and situation.