COMMUNITY
MEDICAL CENTERS

Decedent Name: _____

Decedent Date of Birth:_____ **Date of Death:** _____

Relationship to Decedent:

☐ Spouse ☐ Child
☐ Sibling ☐ Parent of Adult Child
☐ Other: _____

I am familiar with the provisions of California Civil Code Section 56.11(c)(4), which allows the release of medical records of decedents to the beneficiary or personal representative of the deceased patient. It is my understanding and belief that I am the beneficiary or personal representative of the above-referenced patient based on the following facts:

☐ I am a beneficiary as evidenced by the attached Court-filed Will (please provide a copy of the Will)

☐ I am the Executor or Administrator of the patient-decedent's Estate (please provide a copy of the Letters Testamentary)

☐ I am named on the Death/Insurance Claim as a beneficiary (please provide a copy of the policy)

☐ I am the spouse of the patient-decedent who has no Will and/or Trust (please provide a copy of marriage certificate, if available)

☐ I am a child of the patient-decedent who has no Will and/or Trust (please provide a copy of birth certificate, if available)

☐ Other:_____

_____

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed this _____ day of _____, 202_____, at Fresno, California.

_____ _____ _____
Date Time Declarant Signature/Declarant Printed Name

Interpreter Signature, if Applicable:

I have accurately and completely read the foregoing document to

_____ in _____the declarant's
Declarant Name (Language)

in _____, primary language. The declarant understood all of the terms and conditions and acknowledged their agreement thereto by signing the document in my presence.

_____ _____ _____
Date Time Interpreter's Signature / Print Name /Title

Health Information Management

Declaration of Right to Receive Medical Records of Decedent

(Attach this form to the Authorization to Release Protected Health Information form)

ORIGINAL – MEDICAL RECORD
COPY – DECLARANT

FRESNO, CALIFORNIA 93721 • (559) 459-6000