



# DEPARTMENT OF MENTAL HEALTH

## DISCLOSURE OF DECEASED INDIVIDUAL'S PHI WITHOUT AUTHORIZATION

<b>Name of Deceased Individual:</b>	<b>Date of Disclosure:</b>
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Purpose of the Disclosure (check applicable disclosure):

- Disclosure of PHI needed by coroners
- Disclosure of PHI needed by a medical examiner
- Disclosures of PHI needed by a funeral director
- Disclosure of PHI needed to facilitate an organ donation
- Disclosure of PHI to alert law enforcement agency of the death of the individual based on the suspicion that such death may have resulted from criminal conduct

Disclosure to:

<b>Name Of Organization:</b>	<b>Name of Person:</b>	<b>Phone #:</b>		
<b>Address:</b>	<b>Suite #:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

Description of the PHI (for what purpose, type of PHI disclosed):

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Staff Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_