McLaren
HEALTH CARE

Statement of Authority

The undersigned Petitioner (individual requesting the release of information) has requested that the Protected Health Information of _____ (the Decedent), whose date of birth was _____, described in the Patient's Authorization for Release of Protected Health Information be released by McLaren (subsidiary name) _____.

As a condition of McLaren (subsidiary name) _____granting this request, the Petitioner makes the following statements:

1. I claim that I am authorized to receive the Decedent's medical records because I am:

   _____ The Decedent's surviving spouse

   _____ The Decedent's surviving adult child

   _____ The Decedent's _____ (relationship) AND the Decedent left no surviving spouse or adult child

2. The date and time of Decedent's death _____

3. Decedent's address at time of death _____

I, the undersigned Petitioner, will indemnify and hold McLaren (subsidiary name) _____ and its business associate(s) harmless, if by releasing the information now requested by me, McLaren (subsidiary name) _____and its business associate(s) are made subject to any claim or liability for improper disclosure of records.

I, the undersigned Petitioner, declare that the contents of this Statement of Authority are true to the best of my information, knowledge and belief.

_____ _____
Signature of Petitioner Date

_____ _____
Printed Name of Petitioner Telephone Number of Petitioner

_____
Address of Petitioner