DATE

**[Custodian of Records or Doctor’s Name]**

**[Hospital]**

**[Address]**

Re: Medical Records

Custodian of Records or Healthcare Provider,

I am requesting medical records, including but not limited to diagnosis, treatments, and prescriptions, for patient: \_\_\_\_\_\_\_\_\_\_\_\_\_, DOB:\_\_\_/\_\_\_/\_\_\_\_\_\_. These records will assist in determining \_\_\_\_\_\_\_\_\_\_\_\_\_\_’s cause and manner of death. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ passed away on \_\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_.

In the State of Texas, the local Justice of the Peace investigates a death requiring an inquest if there is no medical examiner in the county. *Texas Code of Criminal Procedure §§ 49.02, 49.04.* \_\_\_\_\_\_\_\_\_\_\_\_\_ County has no medical examiner’s office, therefore I investigate deaths requiring an inquest. I am requesting these records in that capacity, as they are exempted from the HIPPA Privacy Rule by 45 CFR § 164.512(g). An explanation of this exception can be found on the [U.S. Department of Health and Human Services website](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/health-information-of-deceased-individuals/index.html) **[only include web address if printed and sent via mail** [**https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/health-information-of-deceased-individuals/index.html**](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/health-information-of-deceased-individuals/index.html)**].**

Respectfully,