

AUTHORIZATION FOR USE AND DISCLOSURE OF CONFIDENTIAL AUTOPSY INFORMATION

I authorize this decedent's information to be released:

Decedent's Name _____

Date of Death _____

Date of Birth _____

Medical Examiner Case Number _____

Release information to:

Name _____

Company (if applicable) _____

Phone Number _____

Mailing Address _____

Email Address _____

Information Dates or Date Range: _____

If no dates or date range is given, this request will cover the complete medical examiner file from the report of the death to the close of the case.

Release Type:

Autopsy and Toxicology Report

Scene Investigator's Report

Medical Examiner Photographs

Histopathology Slide Re-Cuts

Complete Medical Examiner File (with or without photos)

Verbal Exchange: _____

Other: _____

Purpose of Release: Legal Medical Personal Other: _____

I also authorize releasing information about Sexually Transmitted Diseases (STD) and HIV/AIDS testing, diagnosis, and/or treatment; Substance Use Disorder (SUD, i.e., drug and/or alcohol abuse) evaluation, diagnosis and/or treatment; and Mental Health unless I check a box or boxes below.

Do NOT include the following information:

STD/HIV/AIDS Testing/Diagnosis/Treatment SUD Evaluation/Diagnosis/Treatment Mental Health

This authorization expires on this date or event: _____

If no date or event given, this authorization expires 1 year after the date it is signed.

Next of Kin or Personal Representative Signature

Date

Print Name and Relationship to Decedent (**include copy of photo ID for verification**)

Notice:

You may revoke (take back) this authorization at any time by telling the King County Medical Examiner's Office in writing you are revoking the authorization. The revocation will not apply to any information already released. The person or organization receiving the requested information may release it to others depending on applicable laws. You may have a copy of this form.



King County Medical Examiner's Office

325 9th Avenue, Box 359792
Seattle, WA 98104-2499
Phone: 206-731-3232
admin.meo@kingcounty.gov

