SWORN AFFIDAVIT OF

REPRESENTATIVE AUTHORITY

INSTRUCTIONS: This form is to be used by a surviving spouse, next-of-kin, or legal representative of a patient when formal court-appointed executor or administrator papers are unavailable. **A copy of the Representative's valid government-issued photo ID must be attached.**

1. PATIENT INFORMATION

Patient Full Name: _____

Date of Birth: _____ **Social Security Number (Last 4):** _____

Date of Service(s): _____

2. REPRESENTATIVE INFORMATION (AFFIANT)

Full Name: _____

Address: _____

Phone Number: _____ **Email:** _____

3. RELATIONSHIP & AUTHORITY

I, the undersigned Affiant, being duly sworn, depose and say that I have the legal authority to request and receive the protected health information of the above-named patient because I am the:

[ ] **Surviving Spouse**

[ ] **Parent** of the minor patient

[ ] **Adult Child** of the patient

[ ] **Legal Guardian** (Court Order attached)

[ ] **Healthcare Power of Attorney** (Document attached; must include medical release language).

[ ] **Other:** _____

4. PURPOSE OF REQUEST

These records are being requested for the following purpose (e.g., estate settlement, insurance claim, continuity of care):

_____

5. ATTESTATION & SIGNATURE

I hereby certify that the information provided in this affidavit is true and correct to the best of my knowledge. I understand that any false statement made herein is punishable under the penalty of perjury according to the laws of the state of my residence.

I have attached a clear copy of my valid government-issued photo ID to verify my identity.

Signature of Representative: _____ **Date:** _____