



**PERSONAL REPRESENTATIVE AUTHORISATION TO RELEASE A COPY OF  
A DECEASED PERSON'S CLINICAL NOTES**  
This form ***MUST*** be completed by the deceased person's "representative".

Under the Health Information Privacy Code 1994, Waikato District Health Board cannot release clinical information about a deceased person unless it is being released to, or has been authorised by, the deceased person's "representative".

The term "representative" refers to a "personal representative". This is a legal term referring to the deceased person's executor or administrator.

The representative must authorise Waikato District Health Board to release a deceased person's clinical notes before that can be done. The representative must complete the three parts set out below in this form, ie, A, B, and C, and provide a copy of the "Will" or "Letters of Administration" as proof that s/he is the deceased person's representative. The representative must also provide proof of his/her own identity ie, copy of his/her driver's licence OR photo / signature page from his/her passport OR other form of ID eg: Community Services card.

The requestor should **attach this form** together with all **other required information and attachments** (ie, proof of your own and the representative's ID) **to the "Request for copy of patient's clinical notes" form** when posting or emailing it to Waikato District Health Board.

A.	<i>I am the Executor (Will attached) OR Administrator (Letters of Administration attached) of</i> .....who died in..... <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Print deceased person's name</span> <span>Print year or date of death</span> </div>
B.	<i>I authorise Waikato District Health Board to release the information indicated on the 'Request for copy of patient's clinical notes' form (attached) to</i> ..... <p align="center">Print name of person the information is to be released to</p>
C.	<i>Signature:</i> ..... <i>Name:</i> ..... <i>Address:</i> ..... <i>Telephone: Work</i> ..... <i>Home</i> ..... <i>Email:</i> .....
D.	<input type="checkbox"/> <i>I attach a copy of the Will / Letters of Administration (delete one) as proof that I am the deceased person's representative.</i> <input type="checkbox"/> <i>I attach a copy of my Driver's Licence / Passport / Community Services card (delete inapplicable options) as proof of my own identity.</i>

<b>OFFICE USE ONLY</b>	ID included: Yes / No	Form of ID: Driver's Licence / Passport Delete one	Other ID - specify:
Name of staff processing request:		Signature:	