



## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

### DISCLOSURE OF PROTECTED HEALTH INFORMATION OF DECEASED CLIENT WITHOUT AN AUTHORIZATION

<b>Name of Deceased Client</b>	<b>Date of Disclosure</b>
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**Purpose of the Disclosure: (Check applicable box)**

- ☐ Disclosure of PHI to coroners
- ☐ Disclosure of PHI to medical examiners
- ☐ Disclosure of PHI to funeral directors
- ☐ Disclosure of PHI to alert a law enforcement official of the death of the client based on the suspicion that such death may have resulted from criminal conduct
- ☐ Disclosure of PHI for research

**Disclosure to:**

<b>Name of Agency</b>	<b>Name of Person Receiving PHI</b>		<b>Telephone</b>	
<b>Address</b>	<b>Suite</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

**Description of PHI: (Brief explanation of disclosure purpose, type of identifiers)**

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**Staff Name (PRINT):** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_