[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Records Manager/Privacy Officer]
[Name of Healthcare Facility/Hospital]
[Address of Facility]

RE: Request for Clinical Records of Deceased Patient

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Date of Death: [Patient Date of Death]
Patient SSN (Optional/Last 4 digits): [Last 4 Digits of SSN]

To Whom It May Concern,

I am writing in my capacity as the legally authorized representative for the estate of the above-named deceased patient. I am formally requesting a complete copy of the patient's clinical and medical records for the period of [Date Range or "Entire Duration of Care"].

Please include the following records in the disclosure:

- Discharge Summaries
- Physician Progress Notes
- Diagnostic Imaging Reports (X-ray, MRI, CT)
- Laboratory Results
- Consultation Reports
- Medication Administration Records

Enclosed with this letter, please find the following documentation verifying my legal authority to access these records:

- [A copy of the Death Certificate]
- [Letters of Testamentary / Letters of Administration / Small Estate Affidavit]
- [Copy of my Government-Issued Photo ID]

Please provide these records in [Electronic/Paper] format. If there are any fees associated with the duplication or processing of these records, please notify me in advance.

If you have any questions or require further information, please contact me directly at [Your Phone Number]. Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title: e.g., Executor, Administrator, Next of Kin]