STATE OF TEXAS § JUSTICE COURT

IN THE MATTER OF § PRECINCT NO. \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § \_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TX

DECEDENT

**Re: REQUEST FOR MEDICAL RECORDS**

**THE CUSTODIAN OF RECORDS** at the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Justice of the Peace, Precinct Number \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas. I am contacting your office in the capacity of Coroner for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County. I am currently conducting the inquest for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at his residence, located at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In the State of Texas, the local Justice of the Peace investigates a death requiring an inquest if there is no medical examiner in the county. *Texas Code of Criminal Procedure §§ 49.02, 49.04.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County has no medical examiner’s office, therefore I investigate deaths requiring an inquest. I am requesting these records in that capacity, as they are exempted from the HIPPA Privacy Rule by 45 CFR § 164.512(g). An explanation of this exception can be found on the [U.S. Department of Health and Human Services website](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/health-information-of-deceased-individuals/index.html) **[only include web address if printed and sent via mail** [**https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/health-information-of-deceased-individuals/index.html**](https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/health-information-of-deceased-individuals/index.html)**].**

The decedent appears to have died because of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The manner of death appears to be:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In order to confirm a more precise cause and manner of death I am requesting the following: **ALL MEDICAL RECORDS FOR THE ABOVE-NAMED DECEDENT INCLUDING, BUT NOT LIMITED TO, ATTENDING PHYSICIAN’S NAME, MEDICAL HISTORY, DIAGNOSIS, TREATMENTS, MEDICATIONS LIST, AND ANY OTHER PERTINENT DOCUMENTATION THAT WOULD ALLOW FOR THE CULMINATION OF THE INQUEST AND ASSIST THE REVELATION OF A PRECISE CAUSE OF DEATH.**

Said information may be delivered by email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, fax at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or mailed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Justice of the Peace, Pct. No. \_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas