



Deceased Member PHI Form

In compliance with the HIPAA Privacy Rule, Evergreen Health protects the protected health information (PHI) of members following their death. After a member passes away, that member's PHI may only be disclosed with the personal representative of the deceased member.

In order for Evergreen Health to disclose PHI on behalf of the member, please complete the attached form and submit it to Evergreen Health. Once received and approved, we can disclose PHI to you.

Please make sure that you include all requested documentation. Failure to include all documentation will result in delays in processing your question.

Please note: Do not use this form if you are not the personal representative or executor of the estate of the deceased member. Instead, the personal representative or executor of the estate should complete and sign the PHI Access Authorization form on your behalf.

Required Information

Today's Date: ___/___/___

Member Name: _____

Member ID: _____

Name of Executor: _____

Please include court documentation that proves that you are the personal representative or the executor of the estate of the above member.

Date of Death: _____

Please include a copy of the death certificate. (The original is not required).

Contact Name: _____ Tel. Number: _____

Mail or Fax all Information to:

Submit this Deceased Member PHI Form to: **Evergreen Health**
3000 Falls Rd. Ste. 400
Baltimore, MD 21211
Fax: 888.975.1538
Email: phi@evergreenmd.org