Dartmouth Health **Decedent** **Surviving Spouse/Next of Kin Affidavit**	MRN: _____ PATIENT NAME: _____ Date of Birth: _____ Two Identifiers Needed

I,_____ (Requester Name), being duly sworn, do hereby state as follows:

I am requesting a copy of _____ (Patient's Name) legal medical record.

I represent that I am the decedent's:

- ❑ Surviving Spouse
- ❑ Next of Kin and that there is no survivor of higher priority. I acknowledge and understand that "Next of Kin" includes the following surviving individuals in order of priority:
  1. Adult child by blood or adoption only in the absence of a surviving spouse.
  2. Parent only in the absence of a surviving spouse or adult child.

I hereby represent and affirm that no estate administration has been initiated on behalf of the decedent and that I have not applied and been denied access to the requested records by any court.

I declare subject to the criminal penalty of false swearing established in RSA 641:2 that the foregoing statements are true and correct.

Signature _____ Date _____

STATE OF NEW HAMPSHIRE, COUNTY OF _____

Signed and sworn to (or affirmed) before me on the _____ day of _____, 20 _____, by _____ (name of person).

_____
(Signature of notarial officer)

Notary Public, State of New Hampshire (seal)
My Commission Expires: _____
My Commission Expires: _____

Requirements for Release of PHI to a Surviving Spouse or Next of Kin (RSA 332:I:13):
Under New Hampshire law, a decedent's medical record may be released to a properly identified surviving spouse or next of kin where there is no estate administration when: (a) there is no indication that this would be inconsistent with any prior expressed preferences of the deceased individual and no court of competent jurisdiction has ordered that the surviving spouse or next of kind not have access to those records; (b) the request is made within 3 years of the decedent's death; and (c) the surviving spouse or next of kin provides Heath Information Services (HIS) with proper identification, a copy of the death certification, and a notarized affidavit representing that he/she is the surviving spouse/next of kin and confirming that there is no Executor or Administrator of the decedent's estate.

HIS will send records to only the surviving spouse or next of kin, not to third parties on behalf of the surviving spouse/next of kin.

FOR INTERNAL USE ONLY

Proof of Identity as Surviving Spouse/Next of Kin	
Name and Signature of Employee	

"Dartmouth Health (DH)" is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Dartmouth Health Home Care, Mary Hitchcock Memorial Hospital and Dartmouth Hitchcock Clinic, operating jointly as "Dartmouth Hitchcock", Hampstead Hospital, Hanover Psychiatry, Mt. Ascutney Hospital and Health Center, New London Hospital and Valley Regional Hospital The DH ACE is comprised only of DH members who are currently using a single, integrated electronic medical record system, referred to sometimes as "eDH."

Health Information Services Approval: 10/09/2026 EFMC Approval: 10/09/2026
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