

Legal Representative for Deceased Patient Form

If you want to file an Independent Medical Review (IMR) or a complaint on behalf of a deceased patient, then you must complete each section of this form.

Statement of Legal Representative

By signing this statement, you affirm that you are the legal representative of the deceased patient, and all of the information provided on this form is true:

- There is no unresolved court proceeding regarding who administers the deceased patient's estate. If there was a court proceeding regarding who administers the deceased patient's estate, I have attached a copy of the court order showing that I am the legal representative for the deceased patient.
- If there was no court proceeding regarding who administers the deceased patient's estate, I am the executor/executrix of the estate, and I have attached documentation showing this.
- If there was no court proceeding regarding who administers the deceased patient's estate and the patient was a minor, I am the deceased patient's parent or guardian. If I am the guardian of the deceased patient, I have attached documentation showing this.
- No other person or entity is a legal representative for the deceased patient.

Representative's Name (print) _____

Representative's Signature _____

Date _____

Legal Representative's Information

First Name _____ Middle Initial ___ Last Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____

Secondary Phone # _____

Relationship to Deceased Patient (Check One)

Parent (to a Minor) Guardian Executor/Executrix of Estate

Other _____

The deceased patient's death certificate must be submitted with this form.

PRIVACY NOTICE ON COLLECTION OF PERSONAL INFORMATION

California's Knox-Keene Act (Health and Safety Code sections 1340 – 1399.874) gives the Department of Managed Health Care the authority to regulate health plans and investigate the complaints of health plan members. Before you submit your request, please review this privacy notice, which applies to personal information you submit.

- The Department's Help Center collects and uses your personal information to establish your authority to file a complaint about the deceased patient's health plan or request an Independent Medical Review if the complaint qualifies for one.
- You give us this information voluntarily. You do not have to give us this information. However, if you do not give us the information, we may not be able to investigate the complaint or provide an Independent Medical Review.
- Each section of the form should be completed. If you do not provide the requested information, we may not be able to assist you, or our assistance will be limited to the information you provide.
- Portions of the Legal Representative for Deceased Patient Form permit you to add other information. You should not provide any personal information that is not relevant and specific to the questions on the form.
- It is the policy of the Department to share your personal information only as strictly necessary to provide services or assistance. We may share your personal information with the health plan and the doctors who are doing the Independent Medical Review.
- The Department may be required to disclose the personal information you provide in the following circumstances:
 - To another government agency as required by state or federal law.
 - In response to a court or administrative order, a subpoena, or search warrant.
- The Department's policies, practices and procedures for the collection and management of personal information are governed by law, including the California Information Practices Act (Civil Code sections 1798.1 – 1798.78).
- You have a right to access your personal information and to correct any inaccuracies in your record. Upon request, the Department's Privacy Coordinator will inform you of the location of your records and the categories of any persons who use the information in those records.
- For additional information about how your personal information may be used and protected, please refer to our Privacy Policy, available at www.dmhca.gov/AboutUs/PrivacyPolicy.
- For questions about this notice, our Privacy Policy, or to access your personal information, contact the Department Privacy Coordinator:
 - Address: Department of Managed Health Care, Office of Legal Services, 980 Ninth Street, Suite 500, Sacramento, CA 95814-2725
 - Phone: (916) 322-6727
 - Email: privacycoordinator@dmhca.gov

This notice is required by section 1798.17 of the California Information Practices Act.