



Office of the Coroner/Medical Examiner

1704 Pinto Lane · Las Vegas NV 89106

(702) 455-3210 · Fax: 702-380-9925 · Email: CoronerMedicalRecords@clarkcountynv.gov

Melanie Rouse, Coroner · Tami Sedivy-Schroder, Assistant Coroner

PLEASE MAKE A NOTE OF OUR NEW FAX NUMBER

CCOCME CASE # _____

CONSENT TO RELEASE MEDICAL RECORDS TO CLARK COUNTY CORONER (UNDER 45 CFR 164.512 (g) (1))

Name of Patient: _____ (the "Patient")
Date of Birth: _____ Social Security Number: _____
Date of Death: _____

I, _____, a duly authorized designee of the Clark County Office of the Coroner/Medical Examiner (CCOCME), pursuant to a duly authorized investigation into the cause of death of the Patient, and in accordance with my authority under NRS 259 and Clark County Code Section 2.12.070 et seq., and 45 CFR 164.512 (g) (1), hereby request the release of all medical records, specimens and X-rays (both present and prior) of the Patient to me. In connection with this consent to release and as a duly authorized designee and agent as indicated, we hereby release and hold _____ Hospital/Medical Facility (and all of their officers, directors, staff, agents, representatives, employees, and their affiliated companies) harmless against any claim, suit or action for wrongful disclosure.

Dated this _____ day of _____, _____.

Signature

**Please fax or email the following requested record(s) to (702) 380-9925 or
CoronerMedicalRecords@ClarkCountyNV.gov. Thank you.**

- | | | | |
|--|---|---|-------------------------------|
| <input type="checkbox"/> Emergency Room Record | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Labs |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Toxicology Screen on Admission | |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Outpatient Record | <input type="checkbox"/> Face Sheet / Admission Record | |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Other: _____ | | |

Note: This transmittal is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any dissemination, distribution, or photocopying of this communication is strictly prohibited. If you have received this communication in error, please notify this office immediately by telephone and return the original fax to us. If you experience any problems in receiving this transmission, please call our main number at (702) 455-3210. If we do not hear from you, we will assume that you have received all the pages and they are legible.