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Attestation Of Estate Trustee or Estate Administrator Under the *Personal Health Information Protection Act, 2004 (PHIPA)*

Identification of Deceased Individual (Please Print Clearly)

Last Name: _____
First Name: _____
Date of Birth: _____
Date of Death: _____
Home Address (at time of death): _____

By signing below, I, _____,
First Name, Last Name (Please Print Clearly)

ATTEST to the following:

1. I am the Deceased's (select one):
 Spouse or partner
 Child
 Parent
 Sibling (brother or sister)
 Other: _____ (describe relationship)

2. I have assumed responsibility for the administration of the Deceased's estate (meaning making burial and funeral arrangements and dealing with the Deceased's financial matters).

3. To the best of my knowledge, the Deceased died without a Last Will and Testament (Will) (or the Deceased died with a Will but that Will did not name a valid Executor) **and** there is no court-appointed Administrator for the Deceased's estate.

4. I know of no one else who has assumed or intends to assume responsibility for the administration of the Deceased's estate.

Authorization for a Copy of or to Disclose Personal Health Information

On the basis of my authority as attested to in this document:

- I would like my own copy of the Deceased's personal health information (describe information)

Or

- I consent to Nipigon District Family Health Team disclosing the Deceased's personal health information to: _____

for the following purposes: _____

I understand the purposes for disclosing this personal health information to the person(s) noted above. I understand that I can choose not to give this permission.

Signature

Date (YYYY/MM/DD)