(Date)

Name of hospital

Address of hospital

# RE: (Consumer name)

Date of Birth: Month/day/year

Date of service:

In accordance with our contract with the Missouri Department of Mental Health (DMH), (insert name of agency) is authorized to conduct mortality reviews and death investigations related to deaths involving DMH consumers under the following circumstances:

Death of a child

Homicide

Suicide

Death due to an inadequate standard of care

Accidental drug overdose

During the course of conducting mortality reviews and death investigations (insert name of agency) routinely obtains hospital records. All records become part of the mortality review and death investigation file and are protected under peer review statutes. Pursuant to RSMo Section 537.035 (4)

Except as otherwise provided in this section, the interviews, memoranda, proceedings, findings, deliberations, reports, and minutes of peer review committees, or the existence of the same, concerning the health care provided any patient are privileged and shall not be subject to discovery, subpoena, or other means of legal compulsion for their release to any person or entity or be admissible into evidence in any judicial or administrative action for failure to provide appropriate care.

Additionally, OCR/HIPAA Privacy Regulation 164.512 (d) (1) shows,

Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations…or other activities necessary for appropriate oversight of: (i) the health care system…

On (date), your facility provided services involving (insert name of consumer).

In order to complete a thorough mortality review and death investigation, (insert name of agency) is requesting a copy of (insert document(s) requested, i.e., history and physical, discharge summary, labs, etc.) regarding (insert consumer name). The records may be faxed to my attention at ###-###-#### (preferred method of delivery) or mailed to my attention at the above address. Your cooperation in expediting this request is greatly appreciated. If you have any questions, please feel free to contact me at (phone number). Thank you for your assistance.

Sincerely,

Name

Title