



Oregon

Theodore R. Kulongoski, Governor

**Oregon State Police
Medical Examiner Division**
13309 S.E. 84th Ave, Suite 100
Clackamas, OR 97015
(971) 673-8200
FAX (971) 673-8321

GUIDELINES FOR REQUESTING MEDICAL EXAMINER RECORDS

Forensic Pathologists:

Karen Gunson, M.D.
State Medical Examiner

Larry V. Lewman, M.D.
Clifford C. Nelson, M.D.
Christopher R. Young, M.D.
Deputy State Medical Examiner

Eugene S. Gray
Forensic Administrator

Oregon State Medical Examiner Laws state: "Any parent, spouse, sibling, child or personal representative of the deceased, or any person who may be criminally or civilly liable for the death, or their authorized representatives respectively, or those within the bounds of the Protection and Advocacy for Individuals with Mental Illness Act, may examine and obtain copies of any medical examiner's report, autopsy report or laboratory test report ordered by a medical examiner under ORS 146.117."

Those who fall under the above categories and would like to receive a copy of the Medical Examiner Report, Autopsy Report or Toxicology Report should follow the guidelines listed below. Any requests that do not include ALL needed documentation will be denied.

PARENT, SPOUSE, SIBLING, CHILD or PERSONAL REPRESENTATIVE OF THE DECEASED

- Please complete the Medical Examiner Record Request Form or provide a letter that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death (4) Requester name (5) Requester relationship to the deceased (6) Requesters reason for requesting the records (7) Requesters current mailing address (8) Requesters telephone number (9) Requesters signature.
- PERSONAL REPRESENTATIVES: must provide documentation showing their representation.

INSURANCE COMPANIES, ATTORNEYS

- Please provide a letter on your agency letter head that states who you are representing and includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death
- A processing fee of \$25.00 made payable to the "Oregon State Medical Examiner" must be received before records are released.
- There may be an additional costs for other items.

PHYSICIANS, HOSPITALS, CLINICS, MENTAL HEALTH AGENCIES, ETC.

- Please provide a letter on your agency letter head that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death (4) A current mailing address (5) Telephone number (6) The reason you are requesting the records.
- Mental Health Agencies must clearly state the jurisdiction under which they are investigating.

LAW ENFORCEMENT, GOVERNMENT AGENCIES, ETC.

- Please complete the Medical Examiner Record Request Form or provide a letter on your agency letter head that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death (4) Your Name and Title (5) Your affiliation with this case (6) Your mailing address and contact phone number

REQUESTS FOR MEDICAL EXAMINER RECORDS SHOULD BE SENT TO:

Oregon State Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015

or

Oregon State Medical Examiner
State Record Requests
FAX # 971-673-8321

Please contact Kari Ellis at 971-673-8200 with any questions or concerns about the release of Medical Examiner Records.



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MEDICAL EXAMINER RECORDS REQUEST FORM

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Deputy State Medical Examiner

Eugene S. Gray
Forensic Administrator

REQUEST DATE: _____

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

COUNTY WHERE DEATH OCCURRED: _____

NEXT OF KIN REQUESTS:

RELATIONSHIP TO DECEASED: Parent Spouse Child Sibling Personal Representative

REASON FOR REQUEST: Personal Insurance Other _____

REQUESTER NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REQUESTER SIGNATURE: _____ DATE: _____

AGENCY REQUESTS: (Please see guidelines for requesting Medical Examiner Records for fee information)

REASON FOR REQUESTING: Investigation Attending Physician Insurance Mental Health

Criminal Defendant Civil Defendant Other _____

AGENCY NAME: _____

REQUESTER NAME: _____ TITLE: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REQUESTER SIGNATURE: _____ DATE: _____

NOTE: Toxicology processing takes several weeks for results to be completed. Reports will be mailed together when ALL reports have been completed.

REQUESTS SHOULD BE SENT TO:

FOR ALL COUNTY DEATHS (excluding Multnomah):

Oregon State Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015
FAX: 971-673-8321

Requests requiring fees should be mailed and made payable to the Oregon State Medical Examiner
For questions contact Kari Ellis 971-673-8200

FOR MULTNOMAH COUNTY DEATHS:

Multnomah County Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015
FAX: 971-673-8321

Requests requiring fees should be mailed and made payable to the Multnomah County Medical Examiner
For questions contact Shana Aivaliotis 971-673-8220