



# Spokane County

WASHINGTON

OFFICE OF THE MEDICAL EXAMINER

MEDICAL EXAMINER  
SALLY S. AIKEN, MD  
FORENSIC PATHOLOGIST

MEDICAL EXAMINER  
JOHN D. HOWARD, MD  
FORENSIC PATHOLOGIST

## Authorization for Release of Spokane County Medical Examiner Autopsy, Postmortem Reports, Records to an Insurance Company or Attorney

Re: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(DECEASED / INSURED'S NAME)

\_\_\_\_\_  
(CLAIM NUMBER / REFERENCE NUMBER FOR INSURANCE COMPANIES / COURT ORDER NUMBER)

I understand that the copy fee, payable by cash, check or money order (made out to Spokane County Medical Examiner's Office or SCMEO) must be pre-paid before my request is processed and I have included the full amount and a copy of my picture ID with my request.

I am confirming that I am legally entitled to a copy of Autopsy Reports, Postmortem records under WA RCW 68.50.105 because I am the:

### Check Relation:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Surviving spouse  | <input type="checkbox"/> Sister  | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Child   | <input type="checkbox"/> Brother                                       |                                     |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Grandparent                                   |                                     |
| <input type="checkbox"/> Washington State registered domestic partner            | <input type="checkbox"/> Guardian of the decedent at the time of death |                                     |
| <input type="checkbox"/> Court Appointed Personal Representative of the Decedent |  |                                     |

### This request is for:

### Fee:

- |  |          |
|--|----------|
| <input type="checkbox"/> Copy of Autopsy Report.....             | \$ 20.00 |
| <input type="checkbox"/> Copy of Toxicology (independently)..... | \$ 20.00 |
| (included with autopsy request at no additional charge)          |          |

I AUTHORIZE THE SPOKANE COUNTY MEDICAL EXAMINER TO RELEASE THE REQUESTED RECORDS, ON MY BEHALF, TO:

\_\_\_\_\_  
(NAME/COMPANY/FIRM)

\_\_\_\_\_  
(MAILING ADDRESS)

\_\_\_\_\_  
(CITY/STATE/ZIP)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(PRINT NAME OF AUTHORIZING FAMILY MEMBER)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZING FAMILY MEMBER)

\_\_\_\_\_  
(DATE)



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## **RCW 68.50.105**

### **Autopsies, postmortems—Reports and records confidential— Exceptions.**

(1) Reports and records of autopsies or postmortems shall be confidential, except that the following persons may examine and obtain copies of any such report or record: The personal representative of the decedent as defined in RCW 11.02.005, any family member, the attending physician or advanced registered nurse practitioner, the prosecuting attorney or law enforcement agencies having jurisdiction, public health officials, the department of labor and industries in cases in which it has an interest under RCW 68.50.103, or the secretary of the department of children, youth, and families or his or her designee in cases being reviewed under RCW 74.13.640.

(2)(a) Notwithstanding the restrictions contained in this section regarding the dissemination of records and reports of autopsies or postmortems, nor the exemptions referenced under RCW 42.56.240(1), nothing in this chapter prohibits a coroner, medical examiner, or his or her designee, from publicly discussing his or her findings as to any death subject to the jurisdiction of his or her office where actions of a law enforcement officer or corrections officer have been determined to be a proximate cause of the death, except as provided in (b) of this subsection.

(b) A coroner, medical examiner, or his or her designee may not publicly discuss his or her findings outside of formal court or inquest proceedings if there is a pending or active criminal investigation, or a criminal or civil action, concerning a death that has commenced prior to January 1, 2014.

(3) The coroner, the medical examiner, or the attending physician shall, upon request, meet with the family of the decedent to discuss the findings of the autopsy or postmortem. For the purposes of this section, the term "family" means the surviving spouse, state registered domestic partner, or any child, parent, grandparent, grandchild, brother, or sister of the decedent, or any person who was guardian of the decedent at the time of death.

[ 2019 c 470 § 14; 2013 c 295 § 1; 2011 c 61 § 1. Prior: 2007 c 439 § 1; 2007 c 156 § 23; 1987 c 331 § 58; 1985 c 300 § 1; 1977 c 79 § 2; 1953 c 188 § 9. Formerly RCW 68.08.105.]

#### **NOTES:**

**Effective date—2013 c 295:** See note following RCW 68.50.115.



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**For Medical Examiner Office Use Only**

- |  |                |
|--|----------------|
| <input type="checkbox"/> Records were picked up on _____ | Initials _____ |
| <input type="checkbox"/> Records were mailed on _____    | Initials _____ |