



Oregon

John A. Kitzhaber, MD, 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

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.

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

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

- Please complete request form with current address, telephone and signature.
- PERSONAL REPRESENTATIVES: must provide documentation showing their representation.
- There is no fee required for the first copy provided to families.

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

- We do not release records for quality control or completion of files without next-of-kin permission in writing.
- Physicians wanting to review their cases can request records by completing the request form or letter with their reason for requesting and their signature.
- Those needing reports for civil or criminal cases should state that on the request form.
- Mental Health Agencies must clearly state the jurisdiction under which they are investigating.

LAW ENFORCEMENT, GOVERNMENT AGENCIES, ETC.

- We do not release records for quality control or completion of files without next-of-kin permission in writing.
- For investigations: 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.

INSURANCE COMPANIES, ATTORNEYS, ETC. (Fee Required)

- 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.
- For All Oregon Counties (excluding Multnomah County): A processing fee of \$25.00 made payable to the "Oregon State Medical Examiner" must be received before records are released.
- For Multnomah County: A processing fee of \$25.00 made payable to the "Multnomah County Medical Examiner" must be received before records are released.
- There may be additional costs for other items.

REQUESTS FOR MEDICAL EXAMINER RECORDS 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

FOR MULTNOMAH COUNTY DEATHS:

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

For questions regarding records please contact:

Kari Ellis 971-673-8200 for All State County Records excluding Multnomah County
Shana Aivaliotis 971-673-8220 for Multnomah County Records



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MEDICAL EXAMINER RECORDS REQUEST FORM

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Clifford C. Nelson, M.D.
Christopher R. Young, M.D.
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