MEDICAL EXAMINER REQUEST GUIDELINES

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 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.
- 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 Request Form or provide a letter on your agency letterhead 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 letterhead 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
Email: Medical.Examiner.Records@state.or.us

FOR MULTNOMAH COUNTY DEATHS:
Multnomah County Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015
FAX: 971-673-8321
Email: Medical.Examiner@multco.us

For questions regarding records please contact:
Kari Ellis 971-673-8200 for All County Records excluding Multnomah and Clackamas County
Shana Aivaliotis 971-673-8220 for Multnomah County Records
Terri Harris 503-731-3020 for Clackamas County Records
MEDICAL EXAMINER RECORDS REQUEST FORM
Please see guidelines for requesting Medical Examiner Records for fee information

TODAY'S DATE: __________________________________________________________

DECEDENT'S FULL NAME: ________________________________________________

DECEDENT'S DATE OF DEATH: ____________________________________________

COUNTY WHERE DEATH OCCURRED: ______________________________________

YOUR RELATIONSHIP TO DECEASED:

☐ A Parent (No fee) ☐ Personal Representative ☐ Law Enforcement

☐ A Spouse (No fee) ☐ Attending or Personal Physician ☐ Insurance Company ($25 Fee)

☐ A Child (No fee) ☐ Criminal Defendant or Attorney ☐ Civil Defendant or Attorney ($25 Fee)

☐ A Sibling (No fee) ☐ Mental Health Investigator ☐ Other ______________________

REQUESTER NAME: ______________________________________________________

TITLE: ________________________________

AGENCY NAME (IF APPLICABLE): __________________________________________

MAILING ADDRESS: _____________________________________________________

TELEPHONE: ______________________________ EMAIL ADDRESS: ________________

REQUESTER SIGNATURE: __________________________________________________

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

PRINT THIS FORM THEN FAX, ATTACH TO EMAIL OR MAIL (WITH FEE IF APPLICABLE) TO:

FOR ALL COUNTY DEATHS (Excluding Multnomah):
Oregon State Medical Examiner/Clackamas County
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015

FAX: 971-673-8321
EMAIL: Medical.Examiner.Records@State.OR.US

ALL CHECKS PAYABLE TO: “Oregon State Medical Examiner”

Questions: Kari Ellis at 971-673-8200
Clackamas County questions: Terri Harris at 503-655-8380

FOR MULTNOMAH COUNTY DEATHS:
Multnomah County Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015

FAX: 971-673-8321
EMAIL: Medical.Examiner@Multco.US

CHECKS PAYABLE TO: “Multnomah County Medical Examiner”

Multnomah County questions: Shana Aivaliotis 971-673-8220