



# Department of Public Health and Human Services

Addictive & Mental Disorders Division ♦ 100 N. Park Ave., Suite 300 / P.O. Box 202905 ♦ Helena, MT 59620-2905 ♦ Voice: 406-444-3964 ♦ Fax: 406-444-4435

Steve Bullock, Governor  
Richard H. Opper, Director

## Request for Additional Information on Recent Suicide

To: County Coroner  
From: Suicide Mortality Review Team

Date: \_\_\_\_\_

Re: Additional information on the recent suicide of \_\_\_\_\_

**Based on your investigation of the above mentioned suicide, please complete the following form and/or submit copies of your coroner's notes. Please return requested information within two weeks of the date of this request. Reports can be sent in any of the following manners:**

**Mail:** Karl Rosston c/o AMDD  
PO Box 202925  
Helena, MT 59620-2095  
(406) 444-3349

**Email:** [krosston@mt.gov](mailto:krosston@mt.gov)

**Fax:** (406) 444-4435

1. Was there any indication that drugs/alcohol were present in the system at the time of the suicide?

NO  YES, explain: \_\_\_\_\_

Was a toxicology report ordered from the State Crime Lab?  NO  YES

**Based on the scene investigation, death notification interview, and subsequent review, please summarize the following;**

2. Medical history: \_\_\_\_\_

*Name of Primary Care Provider:* \_\_\_\_\_  N/A

3. History of mental illness: \_\_\_\_\_

*Name of Mental Health Therapist:* \_\_\_\_\_  N/A

4. History of previous suicide attempts:  NO  YES, explain: \_\_\_\_\_

5. Criminal history: \_\_\_\_\_

6. Relational issues/loss: \_\_\_\_\_

Single  Married  Divorced  Separated  Widow  LGBT

7. Financial issues/loss: \_\_\_\_\_  
\_\_\_\_\_

8. Who found the body? \_\_\_\_\_

9. Was a suicide note left?  NO  YES (Please include copy of note)

10. Did the person smoke tobacco?  NO  YES

11. Briefly describe the chain of events leading to the suicide: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Any other information that may be pertinent to our review of this suicide?  N/A

\_\_\_\_\_  
\_\_\_\_\_

**13. Please provide a copy of any notes that were taken as part of your investigation into this suicide.**

**Based on our review, additional information may be requested by the Suicide Mortality Review Team. Thank you for your time.**

**Request for records is covered under the following Montana Code Annotated and all rules of confidentiality will be adhered to.**

**53-21-1108. (Temporary) Disclosure of information -- confidentiality.** (1) The department shall provide the Montana suicide review team with a copy of each death certificate filed with the state that lists suicide as the cause of death. The department may not charge a fee for providing the death certificate.

(2) The suicide review team may request and may receive information from:

(a) a county coroner;

(b) the state medical examiner provided for in [44-3-201](#);

(c) an appropriate tribal official as designated by a tribe; and

(d) a health care provider as permitted in Title 50, chapter 16, part 5 or 8, or applicable federal law.

(3) Upon request of the suicide review team, a health care provider may disclose information about a patient without the patient's authorization or without the authorization of the representative of a patient who is deceased.

(4) The suicide review team shall maintain the confidentiality of the information received pursuant to [53-21-1105](#) through [53-21-1110](#).

(5) Materials and information obtained by the suicide review team are not subject to subpoena or to the requirements related to public records under Title 2, chapter 6. (*Terminates June 30, 2016--sec. 16, ch. 353, L. 2013.*)