
Provider Name

Address

City, State, Zip

Dear Sir or Madam,

While HIPAA does not require patient authorization for the release of medical records for treatment purposes, many providers have policies that require them to obtain documentation prior to releasing medical records.

This letter is meant to inform you that our office is now providing care and treatment to

Name of patient (_____). He/she has obtained care
Date of Birth

and treatment from your facility. We are therefore requesting the following records from your office in order to facilitate the future care and treatment of this mutual patient.

Information Requested:

1. _____
2. _____
3. _____

You may provide this information to our facility pursuant to HIPAA regulation 164.506(c)(2), which states, "A covered entity may disclose protected health information for treatment activities of a health care provider."

Please feel free to contact our office at, (270) 417-7500 should you have any questions regarding the above request.

Signature of requesting provider

Date

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