[DATE]

[PATIENT NAME]

[PATIENT ADDRESS]

CITY, STATE, ZIP CODE]

 RE: Subpoena for Medical Records

Dear [PATIENT]:

We value our relationship with you and are committed to maintaining the confidentiality of your protected health information. To that end, we are writing to notify you that we have received the enclosed subpoena [*or discovery request*] for your medical records from [REQUESTING PARTY] and to give you an opportunity to object, in whole or in part, to our release of your records. Please be advised that if [REQUESTING PARTY] satisfies all conditions necessary to allow us to disclose your records, we will disclose the records as requested unless we receive a written objection from you within ten (10) days of the date of this letter.

If you have any questions regarding our policy with respect to your protected health information, please feel free to contact [NAME] at [CONTACT INFORMATION].

Sincerely,