

Response to Request for Confidential Information

Re: Records of _____
(name of patient)

Dear Sir or Madam:

By letter of *(date)* _____, you have requested information from the records of the above-named person. We can neither confirm nor deny that the above-named person has been a patient in our facility.

Pursuant to state and federal law, records that contain information pertaining to the diagnosis or treatment of mental health or substance use disorders are subject to strict confidentiality.

The records you seek may contain information that falls within this category, and we cannot release the records to you without specific written authorization by the patient. If you wish, we will send you a form to be completed by the patient to authorize release of any such records.

Date: _____ Time: _____ AM / PM

Signature: _____
(medical records)

Print name: _____
(medical records)