

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: First Notice - Missing Signature on Medical Records Release Request

Dear [Patient Name],

We recently received a request to release your medical records to [Recipient Name/Organization]. Upon reviewing the documentation provided, we noted that the Authorization for Release of Information form was not signed.

To comply with HIPAA regulations and protect your privacy, we cannot process this request without a valid signature from you or your legal representative.

Please find the attached/enclosed authorization form. To proceed with your request, please:

- Review the form for accuracy.
- Sign and date the document.
- Return the signed form to our office via [Fax Number, Email, or Mailing Address].

Once we receive the signed authorization, we will process your records request within [Number] business days.

If you have any questions or believe you have received this notice in error, please contact our Records Department at [Phone Number].

Sincerely,

[Your Name/Department Name]

[Facility Name]

[Phone Number]