

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: URGENT - Missing Signature for Medical Records Release

Dear [Patient Name],

We are contacting you regarding your recent request to release your medical records to [Name of Recipient/Facility].

Upon reviewing your paperwork, we noticed that the **Authorization to Release Medical Information** form was returned without a required signature. Per federal and state privacy regulations, we cannot legally process your request or transfer your files until we have a signed and dated authorization on file.

Because this request is marked as **URGENT**, please complete the following steps immediately:

- Sign and date the attached/enclosed form.
- Return the form via fax to [Fax Number] or email a scanned copy to [Email Address].
- Alternatively, you may drop off the signed form in person at our front desk.

Delayed receipt of this signature will result in a delay in your continuity of care or the processing of your [Insurance Claim/Legal Matter/Referral].

If you have any questions, please contact our Records Department at [Phone Number] immediately.

Sincerely,

[Your Name/Department Name]

[Practice/Facility Name]