

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Pending Medical Records Transfer

Dear [Patient Name],

We are writing to follow up on your request to transfer your medical records to [Name of Receiving Provider/Facility].

Our records indicate that we have not yet received a signed "Medical Records Release Authorization" form. We cannot legally process your chart transfer until we have a valid signature on file to authorize the disclosure of your protected health information.

Please find the required authorization form attached to this letter. To complete your request, please:

- Review and fill out the form completely.
- Sign and date the document.
- Return the form to our office via mail, fax at [Fax Number], or in person.

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

If you have already sent this form or have decided not to proceed with the transfer, please contact our office at [Phone Number] so we may update your file.

Sincerely,

[Your Name/Department]

[Practice Name]