

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: FOLLOW-UP: Pending Signature for Medical Records Release

Dear [Patient Name],

We are contacting you because we have not yet received your electronic signature on the Medical Records Release Authorization form sent to you on [Date of Original Request].

To complete your request and transfer the records to [Recipient Name/Facility], please follow these steps:

- Check your email inbox (and spam folder) for a message from [Name of E-signature Platform, e.g., DocuSign].
- Click the link provided in that email to review the document.
- Follow the prompts to electronically sign and submit the form.

Please note that we cannot process the release of your medical information until this document is legally signed. If you prefer to sign a paper copy or if you are having technical difficulties, please contact our office at [Phone Number] or [Email Address].

If you have already signed the document within the last 24 hours, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Facility Name]

[Contact Information]