

[Date]

[Recipient Name or Department]

[Facility Name]

[Street Address]

[City, State, Zip Code]

**RE: SECOND REQUEST - Unsigned Medical Records Release for [Patient Name]**

Dear [Contact Person Name or Health Information Manager],

I am writing to follow up on a request submitted on [Date of Original Request] regarding the medical records of [Patient Name], date of birth [Patient Date of Birth].

It was brought to my attention that the previous request was returned or remained unprocessed because it lacked a signature. As the legally appointed guardian for [Patient Name], I have enclosed the completed and signed Medical Records Release Form along with this letter.

Please find attached:

- Signed Authorization for Release of Information
- Copy of Legal Guardianship Papers / Power of Attorney
- Copy of my Photo Identification

I request that these records be sent to:

[Recipient Name/Organization]

[Delivery Address or Email Address]

[Fax Number, if applicable]

If there are any fees associated with this request, or if you require further documentation to verify my authority as guardian, please contact me immediately at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Legal Guardian for [Patient Name]