

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Facility/Provider]
[Department, e.g., Medical Records Department]
[Address of Facility]

RE: Request for Psychiatric Records
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Social Security Number (Optional): [Last 4 Digits]

To Whom It May Concern,

I am writing to formally request a complete copy of my psychiatric and mental health records maintained by your facility.

Please include the following information from [Start Date] to [End Date]:

- Initial evaluations and assessments
- Diagnosis and treatment plans
- Progress notes and clinical summaries
- Medication history and prescription records
- Laboratory results and diagnostic tests
- Discharge summaries (if applicable)

I would prefer to receive these records in [Electronic/Paper] format. Please let me know if there are any associated fees for processing this request.

Attached is a signed authorization form allowing the release of these records to myself. If you require any additional documentation to process this request, please contact me as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]