

Date: [Date]

To: [Receiving Clinician/Clinic Name]

Address: [Receiving Clinic Address]

Fax/Email: [Recipient Contact Information]

From: [Sending Clinician/Clinic Name]

Address: [Sending Clinic Address]

Phone: [Sending Clinic Phone Number]

RE: Patient Records Transfer

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/Chart Number: [ID Number]

Dear [Recipient Name/Medical Records Department],

At the request of the patient, we are transferring the psychiatric medical records for the individual listed above. This patient is transitioning care to your facility effective [Date].

Please find the following documents enclosed/attached:

- Psychiatric Evaluations and Intake Summaries
- Most Recent Progress Notes
- Current Medication List and Prescription History
- Treatment Plans and Discharge Summary
- Laboratory Results and Relevant Medical Tests
- [Additional Specific Documents]

Confidentiality Notice: These records contain sensitive psychiatric information protected by federal and state privacy laws (including HIPAA). They are intended solely for the use of the designated recipient for the purpose of continuing medical care.

A signed "Authorization to Release Medical Information" form is on file and/or attached to this correspondence.

If you require any further information or clarification regarding this patient's history or treatment, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Printed Name of Clinician/Records Coordinator]

[Title/Credentials]
[Clinic Name]