

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

[Date]

[Name of Records Department/Facility Name]
[Facility Address]
[City, State, Zip Code]

RE: Request for Mental Health Discharge Summary

To Whom It May Concern,

I am writing to formally request a copy of my mental health discharge summary regarding my recent stay/treatment at your facility.

Patient Details:

Full Name: [Full Name]
Date of Birth: [DOB]
Patient ID/Social Security Number (Optional): [ID Number]
Dates of Treatment: [Start Date] to [End Date]

I am requesting this summary for the purpose of [State Reason: e.g., personal records, continuing care with a new provider, or legal purposes].

Please deliver the records via [State Preference: e.g., Secure Email, Mail, or Pickup]. If there are any fees associated with this request, please notify me in advance.

Attached is a copy of my signed authorization for the release of these records.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]