

Date: [Date]

To: [Name of Facility or Provider]

Address: [Street Address]

City, State, Zip: [City, State, Zip]

RE: Request for Psychiatric Evaluation Records

Patient Name: [Full Name of Patient]

Date of Birth: [Patient DOB]

Social Security Number: [Optional - Last 4 digits]

To Whom It May Concern,

I am writing to formally request a complete copy of the psychiatric evaluation records for the patient mentioned above. Please include the following documentation:

- Initial psychiatric assessment and evaluation
- Diagnostic summaries and DSM/ICD codes
- Mental status examinations
- Treatment plans and progress notes
- Medication history and prescriptions
- Laboratory results or psychological testing data

These records are requested for the purpose of: [State purpose, e.g., continuing care, personal records, or legal proceedings].

I have attached a signed HIPAA-compliant authorization form to this letter to permit the release of these protected health information (PHI) records.

Please inform me of any copying fees associated with this request before processing. You may send the records to the following address:

[Your Name or Recipient Name]

[Mailing Address]

[City, State, Zip]

[Phone Number]

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]

[Relationship to Patient, if applicable]