

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

[Provider Name]  
[Facility Name]  
[Facility Address]

Re: Request for Mental Health Progress Notes

To Whom It May Concern,

I am writing to formally request a copy of the mental health progress notes regarding my treatment. My details are as follows:

- Full Name: [Patient Full Name]
- Date of Birth: [MM/DD/YYYY]
- Patient ID/Account Number (if known): [Number]
- Treatment Dates: From [Start Date] to [End Date]

I am requesting these records for the purpose of [Reason, e.g., continuing care, personal records, legal matters]. Please provide the progress notes in [Physical/Digital] format. If there are any fees associated with this request, please notify me before processing.

I have attached a signed HIPAA authorization form to this letter to facilitate the release of these records.

Please send the records to:

[Recipient Name/Organization]  
[Mailing Address or Secure Email Address]

I look forward to receiving these documents within the timeframe required by law. Thank you for your assistance.

Sincerely,

[Your Signature]  
[Your Printed Name]