

URGENT REQUEST FOR PSYCHIATRIC MEDICAL RECORDS

Date: [Insert Date]

To:

[Facility/Provider Name]

[Department of Medical Records/Health Information Management]

[Address]

[City, State, Zip Code]

Re: Patient Information

Patient Name: [Full Name]

Date of Birth: [MM/DD/YYYY]

Social Security Number (Optional): [Last 4 Digits]

Treatment Dates: [From Date] to [To Date]

Dear Records Manager,

This is a formal and urgent request for the release of psychiatric medical records for the patient listed above. These records are required immediately for [Reason for Urgency, e.g., an upcoming legal hearing on Date, continuity of emergency care, or insurance deadline].

Please provide the following documents:

- Psychiatric evaluations and assessments
- Discharge summaries
- Treatment plans and progress notes
- Medication history and administration records
- Laboratory results and diagnostic tests

I have attached the signed "Authorization for Release of Information" form complying with HIPAA regulations. Please note that this request specifically includes protected mental health information.

Due to the sensitive nature and time constraints of this matter, please expedite this request. You may transmit the records via [Secure Email Address] or [Fax Number]. If there are copying fees, please notify me immediately so payment can be processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Patient, if applicable]

[Your Phone Number]

[Your Email Address]

Enclosure: Signed Authorization for Release of Information