Date: [Insert Date]

To:
Medical Records Department
[Name of Psychiatric Clinic]
[Clinic Address]
[City, State, Zip Code]

RE: Medical Records Request for Deceased Patient

Patient Name: [Full Name of Deceased]
Date of Birth: [Patient DOB]
Date of Death: [Patient Date of Death]
Social Security Number (Optional): [Patient SSN]

Dear Medical Records Manager,

I am writing to formally request a complete copy of the psychiatric and medical records for the above-named patient. I am making this request in my capacity as the legal Next of Kin and/or Personal Representative of the deceased.

Please provide the following records:

- Psychiatric evaluations and admission notes
- Treatment plans and progress notes
- Medication records
- Discharge summaries
- [Optional: Specify any other specific dates or documents]

I have attached the following documentation to verify my identity and legal authority:

- A copy of the Death Certificate
- Proof of relationship or legal representation (e.g., Letters of Administration, Will, or Affidavit of Heirship)
- A copy of my government-issued photo ID

If there are any fees associated with the duplication of these records, please notify me in advance. You may send the records to the following address:

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

Thank you for your assistance with this matter. I look forward to receiving the records within the timeframe required by state and federal law.

Sincerely,

[Your Signature]

[Your Printed Name]