

[Your Organization Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Requesting Attorney/Entity Name]
[Firm or Agency Name]
[Address]
[City, State, Zip Code]

RE: Acknowledgment of Subpoena for Medical Records

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Case Number: [Case Number, if applicable]

Dear [Name of Contact],

This letter serves to formally acknowledge receipt of the subpoena dated [Date of Subpoena] regarding the medical records for the above-referenced patient.

Our Health Information Management department has received your request and is currently processing the file. Please be advised of the following:

- The records are being compiled and reviewed for compliance with HIPAA and state privacy laws.
- Dictated reports and clinical notes are being retrieved from our electronic medical record system.
- The estimated time for completion and delivery is [Number] business days.

If there are administrative fees associated with this reproduction, an invoice will be sent under separate cover or included with the records. We will notify you immediately if we encounter any issues that may delay the production of these documents.

Should you have any questions, please contact our records department at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]