

[Date]

[Requesting Attorney/Agency Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Response to Subpoena Duces Tecum**

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Subpoena Reference Number: [Case/Subpoena Number]

To Whom It May Concern,

Enclosed please find the medical records requested via the subpoena served upon [Name of Healthcare Facility/Provider] on [Date Subpoena was Received].

The enclosed documentation includes dictated and transcribed medical reports for the period of [Start Date] through [End Date]. These records are being provided in accordance with the specifications outlined in the legal request and in compliance with HIPAA privacy regulations regarding the disclosure of protected health information for judicial proceedings.

Please note the following regarding this fulfillment:

- The records provided represent the complete set of dictated reports currently available in the patient's electronic health record for the requested timeframe.
- [Optional: A processing fee of \$[Amount] has been applied; please find the invoice attached.]

By providing these records, [Name of Healthcare Facility/Provider] has fulfilled its obligations under the aforementioned subpoena. Should you have any questions or require further authentication of these records, please contact the Health Information Management department at [Phone Number].

Sincerely,

[Signature]

[Name of Records Custodian]

[Title]

[Name of Healthcare Facility]