

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

[Requesting Attorney/Agency Name]
[Law Firm/Office Name]
[Address]
[City, State, Zip Code]

RE: Rejection of Subpoena for Medical Records

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Subpoena Reference Number: [Reference Number]

Dear [Name of Requester],

We are returning the enclosed subpoena dated [Date of Subpoena] regarding the medical records of the above-named patient. We are unable to comply with this request at this time due to the following deficiency/deficiencies:

- The subpoena is not accompanied by a valid, HIPAA-compliant authorization signed by the patient or their legal representative.
- The subpoena was not issued by a court of competent jurisdiction within this state.
- The request does not provide adequate evidence that the patient was notified of the subpoena and given time to object (Notice to Consumer/Patient).
- The subpoena was not served in a timely manner according to statutory requirements.
- The scope of the request is overly broad or seeks privileged information not subject to disclosure.

Under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state privacy laws, we cannot release protected health information without a valid authorization or a court order signed by a judge. A subpoena signed only by an attorney is insufficient without proof of patient notification or a qualified protective order.

Please provide the necessary documentation if you wish to proceed with this request. If you have any questions, you may contact our office at [Your Phone Number].

Sincerely,

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

Enclosure: Original Subpoena Document