

DATE: [Insert Date]

TO:

[Requesting Attorney/Party Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF DEFICIENT SUBPOENA / MISSING AUTHORIZATION

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Subpoena Reference Number: [Reference Number]

Date Received: [Date Subpoena was Received]

Dear [Name of Requester],

We have received your subpoena for the medical records of the above-referenced patient. However, we are unable to process this request at this time because it is missing a valid, HIPAA-compliant Patient Authorization for Disclosure of Health Information.

Under federal and state privacy laws, a subpoena alone is insufficient for the release of protected health information unless accompanied by a signed authorization from the patient or their legal representative. To proceed with your request, please provide the following:

- A signed and dated HIPAA-compliant authorization form.
- Proof of legal representation/guardianship (if the patient is a minor or incapacitated).

Your request has been placed on hold. Once the required authorization is received, we will process the records as dictated in the subpoena. If we do not receive the missing documentation within [Insert Number] days, this file will be closed.

Please return the requested documents to the Health Information Management (HIM) department at the address below or via fax at [Fax Number].

Sincerely,

[Your Name/Signature]

[Title]

[Facility/Clinic Name]

[Phone Number]