

[Sender Name]  
[Sender Title/Department]  
[Organization Name]  
[Address]  
[City, State, Zip Code]  
[Date]

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

**RE: Response to Subpoena for Records**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Subpoena Reference Number:** [Case/Subpoena Number]

Dear [Name of Requester],

Our office is in receipt of the subpoena dated [Date of Subpoena] requesting the medical records of the above-referenced patient. While we are complying with the production of general medical records, please be advised that certain sensitive records are being withheld at this time.

Specifically, the following materials have been identified and withheld from this production:

- [Description of withheld records, e.g., Psychotherapy Notes]
- [Description of withheld records, e.g., Substance Use Disorder Treatment Records]
- [Description of withheld records, e.g., HIV/AIDS Testing or Treatment Information]

These records are being withheld based on the following legal protections:

1. **HIPAA Privacy Rule (45 CFR § 164.508):** Certain sensitive information, such as psychotherapy notes, requires a specific, separate authorization from the patient and is not subject to general subpoena disclosure without a specific court order.
2. **Federal Confidentiality Laws (42 CFR Part 2):** Records related to substance use disorder treatment are protected by federal law and cannot be released without specialized consent or a court order meeting specific criteria.
3. **State Privacy Laws:** [Insert State] law provides heightened protection for sensitive medical data including [Mental Health/Communicable Disease] records.

If you require these specific sensitive records, please provide one of the following:

- A valid, HIPAA-compliant authorization form signed by the patient specifically authorizing the release of these sensitive categories.
- A judicial court order signed by a judge specifically compelling the release of these protected records.

We have enclosed the non-sensitive portions of the medical record that are responsive to your request. If you have any questions, please contact our Health Information Management department at [Phone Number].

Sincerely,

[Signature]

[Typed Name]

[Title]