[Department/Agency Name]
[Office Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Acknowledgment of Request for Medical Records - Reference No: [Reference Number]

Dear [Recipient Name],

This letter is to formally acknowledge receipt of your request for medical records dated [Date of Request], which was received by our office on [Date Received].

We are currently processing your request in accordance with [Applicable Law/Privacy Act, e.g., HIPAA or Freedom of Information Act]. Your request has been assigned the following tracking number: **[Reference Number]**. Please refer to this number in any future correspondence regarding this matter.

Our standard processing time for such requests is [Number] business days. If additional time is required to locate the records or if further clarification is needed, we will notify you promptly.

Please note that [if applicable: a fee for duplication/search may apply, or your request is being reviewed for eligibility].

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

Sincerely,

[Signature]
[Name of Official]
[Title/Position]
[Department Name]