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

[Name of Requesting Attorney or Agency]
[Firm/Organization Name]
[Address]
[City, State, Zip Code]

RE: Compliance with Subpoena for Patient Records
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Case Number: [Case/Docket Number]

To [Name of Contact Person/Clerk of Court],

This letter serves as the formal response of [Your Agency Name] to the subpoena duces tecum received on [Date Received] regarding the medical records of the above-referenced patient.

Enclosed please find copies of the following requested documentation:

- [Item 1: e.g., Admission and Discharge Summaries]
- [Item 2: e.g., Clinical Progress Notes]
- [Item 3: e.g., Treatment Plans and Assessments]
- [Item 4: e.g., Billing Statements]

I hereby certify that the enclosed records are true and accurate copies of the original records maintained by [Your Agency Name] in the regular course of business. These records were prepared by the personnel of this agency at or near the time of the act, condition, or event described.

[Optional: Please note that certain information has been redacted in accordance with federal and state privacy laws, including HIPAA, to protect third-party confidentiality.]

If you have any questions regarding this production of records, please contact our records department at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Printed Name]
[Title/Custodian of Records]
[Your Agency Name]