[Date]

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

RE: Notification of Request for Medical Records

Dear [Patient Name],

This letter is to inform you that [Name of Healthcare Facility/Provider] has received a formal request from [Name of Government Agency] to access or receive copies of your protected health information.

The request was made pursuant to [Legal Authority/Regulation, e.g., Section 123 of the Health Act] for the purpose of [Brief Reason, e.g., a formal investigation or regulatory audit].

The following information has been requested:

- [Type of Record 1]
- [Type of Record 2]
- [Date Range of Records]

Please be advised that we are legally required to comply with this request. Unless we receive a formal legal stay or court order instructing us otherwise by [Deadline Date], we will release the records to the requesting agency on [Date of Disclosure].

If you have any questions regarding this notification, you may contact our Privacy Officer at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]
[Your Title]
[Organization Name]