[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Inquiry Regarding HIPAA Exemptions for Data Request [Reference Number if applicable]

Dear [Recipient Name],

I am writing to formally inquire about the specific HIPAA exemptions or legal authorities your agency is citing regarding the request for protected health information (PHI) dated [Date of original request].

As a covered entity, we are committed to maintaining the privacy and security of patient records in accordance with the Health Insurance Portability and Accountability Act (HIPAA). To ensure our compliance while cooperating with your agency, please provide the following information:

- The specific provision under 45 CFR $ 164.512 or other federal statutes that permits the disclosure of this information without patient authorization.
- Confirmation of whether this request is part of a judicial proceeding, administrative tribunal, or oversight activity.
- The minimum necessary documentation required to satisfy the purpose of your inquiry.

We wish to fulfill this request promptly while ensuring that all legal safeguards are met to protect the privacy rights of the individuals involved. Please provide a written response detailing the legal basis for the exemption at your earliest convenience.

Thank you for your cooperation and professional guidance on this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]