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

RE: Partial Fulfillment of Health Information Request

Dear [Patient Name],

We are writing in response to your request for health records dated [Date of Request].

Enclosed please find a portion of the records you requested. Specifically, we have provided:

- [List specific records included, e.g., Lab Results from 2023]
- [List specific records included, e.g., Clinical Summary]

Please be advised that this is a partial fulfillment of your request. The following information is currently missing or being processed separately:

- [Identify missing data, e.g., Imaging Reports from external provider]

Reason for partial fulfillment: [State reason, e.g., Data is stored at an off-site facility / Records require further clinical review / Records are held by a third-party partner].

We anticipate that the remaining records will be available by [Expected Date]. We will notify you as soon as they are ready for release.

If you have any questions regarding the information provided or the status of the remaining documents, please contact our Medical Records Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Health Information Manager]
[Facility Name]