[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Title/Department]
[Organization Name]
[Address]
[City, State, Zip Code]

RE: Explanation of Redactions in Medical Records for [Patient Name]
Date of Birth: [Patient Date of Birth]
Case/Reference Number: [Reference Number]

Dear [Recipient Name],

Enclosed please find the requested medical records for the above-referenced individual. Please be advised that certain portions of these records have been redacted prior to submission.

The redactions were made for the following reasons:

- **Privacy and Confidentiality:** Information identifying third parties, including family members or other patients, has been removed to protect their privacy rights.
- **Relevance:** Information that is not pertinent to the specific scope of your request or the legal/administrative matter at hand has been obscured.
- **Statutory Compliance:** Sensitive information protected by specific state or federal laws (such as substance abuse treatment, HIV/AIDS status, or mental health notes) has been redacted in accordance with [Applicable Law, e.g., HIPAA or 42 CFR Part 2].
- **Protected Identifiers:** Personal identifiers such as full Social Security numbers or financial account details have been removed to prevent identity theft.

Every effort has been made to ensure that the redacted versions provide the necessary medical information while maintaining compliance with privacy regulations. Each redaction is clearly marked within the text.

If you have any questions regarding these redactions or require further clarification, please contact our office at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]