

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

[Date]

[Contact Name, if known]
[Department of Health Name]
[Audit/Compliance Division]
[Address]
[City, State, Zip Code]

RE: Formal Request for Complete Medical Chart Audit Records

To the Custodian of Records,

Pursuant to [State Administrative Code/Statute Number] and applicable Freedom of Information laws, I am formally requesting a complete copy of the medical chart audit records pertaining to [Facility Name/Patient Name/Provider Name] for the period of [Start Date] to [End Date].

Specifically, I request the following documentation:

- Original audit findings and summary reports.
- Complete clinician notes and reviewer worksheets.
- Scoring rubrics used for the evaluation.
- Correspondence regarding deficiency notifications.
- Any corrective action plans or follow-up assessments.

Please provide these records in electronic format if possible. If there are any fees associated with the duplication of these records, please notify me in advance if the cost exceeds \$[Amount].

If any portion of this request is denied, please provide a written explanation citing the specific legal exemption that justifies the withholding of information.

Thank you for your prompt attention to this matter. I look forward to receiving the records within [Number] business days as required by law.

Sincerely,

[Signature]

[Printed Name]