

**Date:** [Insert Date]

**To:** [Custodian of Records / Department Head]

**Facility Name:** [Insert Facility Name]

**Address:** [Insert Address]

**RE: Risk Management Assessment - Complete Medical Chart Audit**

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Medical Record Number:** [Insert MRN]

**Date(s) of Service:** [Insert Dates]

Dear [Insert Name/Department],

The Risk Management Department is conducting a formal assessment regarding the clinical documentation and medical chart records for the above-referenced patient. This review is being performed as part of our internal quality assurance and loss prevention protocols.

Please provide a certified, complete copy of the patient's medical chart, including but not limited to:

- Admission and discharge summaries
- Physician orders and progress notes
- Nursing assessments and flow sheets
- Diagnostic imaging reports and laboratory results
- Informed consent forms and surgical logs
- All electronic health record (EHR) audit trails and metadata
- Billing records and itemized statements

The purpose of this assessment is to ensure compliance with regulatory standards, identify potential liability exposures, and verify the accuracy of documentation. All information reviewed will be handled in accordance with HIPAA privacy regulations and internal confidentiality policies.

Please deliver these records to the Risk Management Office by [Insert Deadline Date]. If any portion of the record is currently unavailable or being amended, please provide a written explanation for the delay.

Thank you for your prompt cooperation in this matter.

Sincerely,

[Your Name]

[Your Title]

[Risk Management Department]  
[Contact Information]