

[Attorney Name]
[Law Firm Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Recipient Name/Claims Department]
[Insurance Company or Defendant Name]
[Address Line 1]
[City, State, Zip Code]

Re: Notice of Representation

Our Client: [Client Name]
Date of Incident: [Date of Incident]
Claim Number: [Claim Number (if known)]

To Whom It May Concern:

Please be advised that this office represents [Client Name] regarding injuries and damages sustained in the above-referenced matter.

We request that all future contact and correspondence regarding this claim be directed to this office. Please do not contact our client directly.

Enclosed, please find a signed HIPAA-compliant Authorization for Release of Health Information. This authorization allows you to provide us with the necessary medical records and billing statements related to this claim.

Please acknowledge receipt of this letter and provide us with a copy of any statements previously taken from our client, as well as any applicable insurance policy declarations pages.

Thank you for your cooperation.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]

Enclosure: HIPAA Authorization Form