

[Date]

[Administrator Name/Legal Department]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

RE: UPDATED NOTICE OF REPRESENTATION

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Date of Incident/Service: [Date]

Patient Account/Reference Number: [Number]

To Whom It May Concern,

Please be advised that our firm continues to represent [Patient Name] in connection with the above-referenced matter. This letter serves as an update to our previous notice of representation dated [Date of Original Letter].

Updated Information:

[Specify updates here, e.g., Change in Lead Attorney, Change in Law Firm Address, or New Contact Person].

Effective immediately, please direct all future correspondence, billing statements, medical records requests, and legal inquiries to:

[Attorney Name]

[Law Firm Name]

[Address]

[Phone Number]

[Email Address]

Attached is a refreshed HIPAA-compliant authorization signed by the client. We request that you update your internal records and patient file to reflect these changes to ensure there is no lapse in communication.

Thank you for your prompt attention to this update.

Sincerely,

[Signature]

[Printed Name]

[Title]

Enclosure: [HIPAA Authorization/Power of Attorney]