

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Name of Investigator/Auditor]

[State Board of Chiropractic Examiners]

[Address]

[City, State, Zip Code]

**RE: Letter of Representation and Document Production**

**Licensee:** [Doctor's Full Name]

**License Number:** [License #]

**Case/Audit Number:** [Reference #]

To [Name of Investigator/Auditor]:

Please be advised that this office represents [Doctor's Name] regarding the pending audit/investigation by the [State Name] Board of Chiropractic Examiners. A signed Authorization of Representation is enclosed herewith.

In response to your request for documents dated [Date of Board Request], we are providing the following materials for your review:

- Completed Audit Questionnaire/Response Form;
- Continuing Education (CE) certificates for the period of [Date] to [Date];
- Certified copies of patient records for [Patient Initials/Case IDs];
- Proof of professional liability insurance coverage;
- [List additional documents as required].

All patient records are being produced in compliance with HIPAA and state privacy regulations. We request that these records be maintained as confidential investigative material pursuant to [State Statute/Regulation].

Please direct all future correspondence and inquiries regarding this matter to my attention. We look forward to a timely resolution of this audit.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title]

Enclosures: Authorization of Representation; Responsive Documentation