[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Guardian Ad Litem Name]
[Address]
[City, State, Zip Code]

RE: [Case Name/Style]
Case No: [Court Case Number]
Subject: Instructions for Medical Records Review Regarding [Child's Name]

Dear [Guardian Ad Litem Name],

In your capacity as the court-appointed Guardian Ad Litem (GAL) for [Child's Name], I am providing you with this formal letter of instruction regarding the review of medical records pertaining to the ongoing litigation.

To assist in your investigation and recommendations to the court, we request that you focus your review on the following specific areas:

- **Provider Information:** Review records from [Doctor/Hospital Name] covering the period of [Start Date] to [End Date].
- **Specific Conditions:** Evaluate all documentation regarding [Specific Medical Condition or Incident].
- **Medication Management:** Verify current prescriptions, dosage compliance, and any reported side effects.
- **Mental Health/Therapy:** Review progress notes from [Therapist Name] to assess the child's emotional well-being and therapeutic goals.
- **Parental Involvement:** Note any patterns regarding which parent schedules appointments, attends visits, and follows up on medical advice.

Enclosed/Attached you will find the following documents to facilitate this review:

- Signed HIPAA Authorizations for all relevant providers.
- Court Order appointing you as Guardian Ad Litem.
- [List any other relevant documents].

We request that your findings regarding these medical records be incorporated into your upcoming report to the court. Please ensure that all sensitive health information is handled in accordance with privacy laws and the standing protective order in this case.

Should you require further clarification or additional authorizations, please contact my office immediately.

Sincerely,

[Your Signature]

[Your Printed Name]