[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

**RE: NOTICE OF SUBPOENA FOR MEDICAL RECORDS**

Dear [Patient Name],

Please be advised that [Name of Healthcare Provider/Facility] has received a formal legal subpoena requesting the release of your medical records. This subpoena was issued by [Name of Requesting Attorney or Court] in connection with the legal matter titled *[Case Name/Docket Number]*.

The subpoena requests the following information:

- [Description of records requested, e.g., All records from January 2020 to present]

Under applicable law, we are required to comply with this subpoena unless we receive a formal written objection or a court order (such as a Motion to Quash) directing us not to release the records. We intend to produce the requested documents on or before [Date of Compliance].

If you wish to object to the release of these records, you or your attorney must take legal action and notify us in writing before the compliance date mentioned above.

If you have any questions regarding the underlying legal case, please contact the requesting party listed below:

[Requesting Attorney/Entity Name]
[Phone Number]
[Address]

Sincerely,

[Name of Signatory]
[Title]
[Facility Name]