

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Name of Healthcare Provider/Facility Administrator]  
[Name of Medical Institution]  
[Department of Medical Records/Health Information Management]  
[Institution Address]

**RE: FORMAL NOTICE TO PRESERVE MEDICAL RECORDS AND HEALTH INFORMATION**

Patient Name: [Patient Full Name]  
Date of Birth: [Patient Date of Birth]  
Patient ID/Account Number (if known): [Account Number]

To Whom It May Concern,

This letter serves as a formal request and notice to preserve any and all medical records, health information, and electronically stored information (ESI) pertaining to the treatment of [Patient Name] from [Start Date] to [End Date/Present].

Specifically, you are requested to retain and prevent the destruction, alteration, or deletion of the following:

- Complete inpatient and outpatient medical charts.
- Physician orders, progress notes, and nursing notes.
- Diagnostic imaging results (X-rays, MRIs, CT scans) and raw data.
- Laboratory and pathology reports.
- Medication administration records (MAR).
- Electronic audit trails and metadata associated with the electronic health record (EHR).
- Internal communications, emails, or memos regarding the patient's care.
- Billing and insurance records.

This preservation request is made to ensure that all relevant evidence is maintained for [state reason, e.g., ongoing care coordination / legal review / personal record keeping]. Please ensure that any automated data destruction or "purging" cycles regarding these records are suspended immediately.

Please acknowledge receipt of this letter in writing and confirm that a litigation hold or preservation flag has been placed on the requested records.

Sincerely,

[Your Signature]

[Your Printed Name]