

# Subpoena Compliance Instructions

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Subject: Subpoena Compliance Instructions for Medical Records

Dear [Recipient's Name],

This letter serves as official instructions regarding the subpoena issued for medical records pertaining to [Patient's Name], case number [Case Number], dated [Date of Subpoena]. Please review the following compliance instructions:

## 1. Records Requested:

You are required to produce the following medical records:

- [Specify medical records required, e.g., "All treatment records from [Start Date] to [End Date]"]
- [Additional items as necessary]

## 2. Deadline for Compliance:

All records must be submitted by [Submission Deadline Date].

## 3. Method of Submission:

Please send the requested documents via:

- [Specify method, e.g., "Mail to the following address: [Insert Address]"]
- [Alternative methods if applicable]

## 4. Confidentiality:

Please ensure that all records are handled with the appropriate level of confidentiality in accordance with HIPAA regulations.

## 5. Questions or Concerns:

If you have any questions regarding the execution of this subpoena or the requested documents, please do not hesitate to contact [Your Name] at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Your Address]

[Your Phone Number]

[Your Email Address]