

Medical Records Request Denial

Date: [Insert Date]

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

Dear [Patient's Name],

We are writing to inform you that your request for access to your medical records, dated [Insert Request Date], has been denied. This decision has been made in accordance with our privacy policy and applicable health information regulations.

The specific reasons for the denial include:

- Your request did not provide sufficient information to verify your identity.
- The requested records contain information that is confidential or protected by law.
- Your request pertains to a period of treatment that we are unable to disclose under our privacy policy.

If you believe this denial was made in error, you have the right to appeal our decision. Please submit your appeal in writing to [Contact Information] within [Specify Timeframe].

We appreciate your understanding in this matter and are committed to maintaining the privacy and security of your health information.

Sincerely,

[Your Name]
[Your Title]
[Healthcare Facility Name]
[Contact Information]