

# Medical Records Request Denial Letter

Date: \_\_\_\_\_

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to inform you that your recent request for access to your medical records has been denied due to concerns regarding unauthorized access. Protecting your privacy and ensuring the security of your health information is our top priority.

Your request was reviewed on [date of review]. Unfortunately, we have determined that we cannot grant access as the request does not meet the necessary verification criteria stipulated in our policies.

If you believe this decision is incorrect or if you have further questions, please feel free to contact our office at [phone number] or [email address]. You have the right to appeal this decision, and we would be happy to assist you in this process.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Medical Facility Address]

[City, State, Zip Code]