

# Notification of Denial of Medical Records Request

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 medical records dated [Insert Request Date] has been denied due to administrative errors that occurred during the processing of your request.

Specifically, the following administrative issues were identified:

- [Issue 1 Description]
- [Issue 2 Description]
- [Issue 3 Description]

Please rest assured that we are taking steps to rectify these errors promptly. You are welcome to submit a new request for your medical records, and we will prioritize it accordingly.

We apologize for any inconvenience this may have caused and appreciate your understanding in this matter. Should you have any questions or require further assistance, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Medical Facility Address]

[City, State, Zip Code]