

# Medical Records Request Denial

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Institution/Organization]

[Institution Address]

[City, State, Zip Code]

To: [Requestor's Name]

[Requestor's Address]

[City, State, Zip Code]

Dear [Requestor's Name],

We have received your request for access to medical records dated [Insert Request Date]. After careful review, we regret to inform you that your request has been denied for legal reasons.

The specific legal grounds for this denial include [insert legal reason, e.g., "the records pertain to ongoing litigation," "the request is overly broad," or "the records are protected under privacy laws"].

We understand that this may be disappointing, and we encourage you to consult with [appropriate legal resource, e.g., "your attorney" or "a legal expert"] for further clarification on this matter.

If you believe this decision may have been made in error, please provide additional information that could support your request, and we will reevaluate it accordingly.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]