

Medical Records Request Denial

Date: [Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about your recent request for medical records pertaining to [specific record or time period] submitted on [request date].

Unfortunately, we are unable to fulfill your request for the following reasons:

- [Reason for unavailability, e.g., records not found, destroyed, etc.]
- [Additional details if applicable]

We understand that this may be disappointing, and we encourage you to reach out if you have any further questions or need assistance with another request.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]