

## Attorney's Request for Records

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# The Your Name Here Law Firm, P.L.L.C.

Date  
Street Address  
City, State, Zip Code

Dear [*Recipient*]:

My name is [*attorney's name*], and I am the attorney for [*client's name*]. My client is requesting that your office release all records, including those that contain otherwise protected health information, in accordance with the enclosed authorization signed by my client.

Please do not hesitate to contact me if you have any questions or if I can help in any way.

Sincerely,

[*your name*]