Sample Medical Records Release Approval Letter

[Your Name]

[Your Title]

[Medical Records Department Name]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

Subject: Medical Records Release Approval

I am writing to confirm that your request for the release of your medical records to [Recipient's Name] has been approved. Your proactive approach to managing your healthcare is commendable. Please review the attached medical records release approval details, including the scope of information released and any privacy considerations. If you have any questions or need further information, please contact our medical records department.

We value your trust in our medical services and strive to provide you with the information you need.

Sincerely,

[Your Name]

[Your Title]