



Date: _____

RE: PATIENT: _____
DOB: _____
DOS: _____

To Whom It May Concern:

We have received your recent inquiry regarding a request for medical records. The information below will allow us to legally expedite your request.

According to established legal requirements, as custodians of protected health information, we are unable to release any record without a signed, written authorization from the patient or his/her legal representative. To facilitate this process, please sign and return this letter confirming that you authorize a copy of the above medical record(s) for release. ***Please include a copy of the front and back of your driver's license or state identification.***

If you are the patient's conservator, have medical power of attorney, or are his/her executor, please provide a copy of the supporting legal documentation. You must also include a copy of the patient's death certificate and a copy of your driver's license or state identification, so we can expedite your request. Records will be mailed to the patient's address only, unless noted otherwise by your legal documentation.

We will be glad to process your request, upon receipt of this signed release, accompanied by the required information listed above. If you have any further questions or concerns regarding this account, please contact our customer service department for assistance.

Signature: _____ **Date:** _____

Printed Name (If other than patient): _____

Relationship to Patient: _____

Driver's License Number: _____

Please Remit To: INTEGRA CONNECT
50 S. Main St. Ste. 401
Akron, OH 44308

Sincerely,

Patient Business Services
800-913-9106