

Letterhead

I, _____, am acting custodian of records from _____ . Attached are copies of _____ 's protected health information that are true and accurate.

The original records are made and maintained at _____ as a regular course of business. The enclosed protected health information is not a public record and shall not be released to any other person or agency except in accordance with New York State Mental Health Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164, as applicable.

Signature

Contact information