

SAMPLE NURSING FACILITY RECORDS REQUEST LETTER

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

[Date]

[Name]

Medical Records Director

[Name and Address of Nursing Facility]

Dear [Name]:

Enclosed please find an Authorization to Release Information signed by resident [name of individual], date of birth [date of birth]. Please provide me with copies of the following records:

1. Resident Data Sheet.
2. All comprehensive assessments (initial, annual, and periodic) (pursuant to 42 C.F.R. Section 483.20(b)) from [date] through the present.
3. All quarterly review assessments (pursuant to 42 C.F.R. Section 483.20(c)) from [date] through the present.
4. All comprehensive care plans (pursuant to 42 C.F.R. Section 483.20(k)) from [date] through the present.
5. Any other assessments or evaluations, of any type, performed since [date].
6. All Social Worker Progress Notes and all other social work records from [date] through the present.
7. All Nursing Progress Notes and all other nursing records from [date] through the present.
8. All Physician Progress Notes, Physician Orders, and all other physician records from [date] through the present.
9. All Physical Therapy Progress Notes, evaluations, and all other physical therapy records from [date] through the present.
10. All Occupational Therapy Progress Notes, evaluations, and all other occupational therapy records from [date] through the present.
11. All records regarding Pre-Admission Screening/Resident Review (PASSR).
12. All Psychiatric and Psychological records, including but not limited to consults, from [date] through the present.
13. All Ophthalmologist records, including but not limited to consults, from [date] through the present.
14. All Audiology records, including but not limited to consults, from [date] through the present.
15. All Activities records from [date] through the present.

Please call me to make arrangements for providing copies of these records. You may reach me at [telephone number]. Thank you for your assistance with this matter.

Sincerely,

[Your name]

Enclosure

Cc: [Name of Nursing Facility Administrator]