**Subpoena Rejection**

Date: \_\_\_\_\_\_\_\_\_\_

RE: Medical Records Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam:

We have received your subpoena seeking records requesting health care information. Unfortunately, we are unable to honor your request. Under Washington State and/or Federal Law the release of certain types of records require a court order or the patient’s authorization and may not be disclosed under a subpoena.

You should be aware that certain types of health care information are entitled to heightened confidentiality protections under state and federal law, such as:

* 42 U.S.C. & 299-2 42 CFR Part 2;
* RCW 70.24;
* RCW 70.02, RCW 71.05;
* RCW 70.125.065.

The subpoena you provided is enclosed. If you have any questions, please contact our office at XXX.XXX.XXXX from X:XX a.m. to X:XX p.m., Monday through Friday.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Information Office

Health Information Management