

Patient Objection to Release of Records in Response to Subpoena

This form may be used when a patient states that they object to the release of their medical records in response to a subpoena or other legal request that is not accompanied by a court order signed by a judge. It is intended to document the patient's objection and support internal review. Staff should forward the completed form and the subpoena immediately to Compliance and Privacy Officer, as applicable.

1. Patient Information

Patient full name	_____
Date of birth	_____
Phone number	_____
Email address	_____
Mailing address	_____

2. Subpoena / Request Information

Date patient was notified of subpoena/request	_____
Name of requesting attorney / party	_____
Law firm / organization	_____
Case name / caption (if known)	_____
Court / jurisdiction (if known)	_____
Date compliance is requested	_____
Description of records requested	_____

3. Patient Objection

I object to the release of my medical records and/or other protected health information in response to the subpoena or legal request described above.

Reason for objection (optional): _____

I understand that this form documents my objection to the requested disclosure. I understand that

I may need to seek legal counsel and may need to file a motion to quash, motion for protective order, or other objection with the court or tribunal handling the matter.

4. Patient Acknowledgment and Signature

Patient signature

Date

If signed by personal representative, name and relationship

5. Internal Use Only

Date form received

Received by

Subpoena reviewed by Privacy/Compliance

Yes / No

Legal notified

Yes / No / N/A

Response hold placed pending review

Yes / No

Notes
