

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Structured Release of Information

Dear [Recipient's Name],

We are writing to formally request the structured release of information pertaining to [specific details of the information requested or provided]. This is essential to ensure compliance with [relevant laws or policies, e.g., HIPAA, GDPR].

Details of the information requested:

- Information Type: [Specify type, e.g., medical records, financial statements, etc.]
- Time Frame: [Specify the time frame for the information]
- Purpose: [Explain the purpose, e.g., for treatment, legal matters, etc.]

Please provide the requested information by [specific date]. If you have any questions or require additional information, please do not hesitate to contact us at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]