

Appendix 4

MENTAL HEALTH ADVOCACY SERVICES, INC.

A NONPROFIT ORGANIZATION PROVIDING LEGAL SERVICES TO PEOPLE WITH MENTAL AND DEVELOPMENTAL DISABILITIES

3255 WILSHIRE BLVD., SUITE 902
LOS ANGELES, CA 90010

PHONE (213) 389-2077
FAX (213) 389-2595

VIA FACSIMILE (626) 287-7391

October 10, 2008

BHC Alhambra Hospital
Medical Records
Attn: Debbie Irvin
4619 N. Rosemead Blvd.
Rosemead, CA 91770
Tel: (626) 286-1191
Fax: (626) 287-7391

Re: Records Request for X (DOB May X 19XX)

Dear Ms. Irvin,

Mental Health Advocacy Services, Inc. represents Mr. X in his legal matters.

As part of his legal matters, Mr. X requires copies of his medical and mental health records. Accordingly, please find enclosed two (2) Authorization For Use or Disclosure of Health Information forms duly signed and dated by Mr. X.

Mr. X received mental health treatment at your facility at some point between 2006 and 2008.

Please note that one authorization form relates to general Protected Health Information while the other relates specifically to psychotherapy notes. Both general PHI and psychotherapy notes must be included in the response to this request.

I appreciate very much your prompt attention to this request. I have also sent this request via hard copy. I will follow up with a phone call in a few days.

If I may answer any questions regarding this request, please do not hesitate to contact me.

Thank you very much,

Greg Pleasants, JD / MSW
Staff Attorney and Equal Justice Fellow
Mental Health Advocacy Services, Inc.