SAMPLE LETTER

DATE **FAX # NUMBER**

TEAM

ADDRESS

Attention: NAME, Case Manager and/or

 Coordinator, Release of Information Services

Re: **MR/MS. CLIENT NAME DOB: DATE**

**Review Panel Hearing – DAY, DATE, TIME**

**to be held at LOCATION**

Please be advised that ADVOCATEwill be representing Mr/MS. CLIENT NAME at the above noted Review Panel hearing.

In order that ADVOCATE can prepare for the hearing, we require a **copy of ANY document that the facility presenter is relying upon in the presentation to the Mental Health Review Board.**

In addition, we require the following documents that arecontained on file from **ADMISSION** to the **PRESENT**:

* All Medical Certificates and renewal forms (Forms 4's & 6's)**;**
* Copy of Form #20 (Leave Authorization)**;**
* Past Admission/Discharge notes;
* Discharge Summary from the last hospitalization;
* Mental Health Team initial assessment/interview;
* Last Mental Health Team annual review;
* All reports prepared for the above noted Review Panel hearing;
* Attending psychiatrist's reports or case summaries;
* Social Worker reports or case summaries;
* Case Manager’s reports or case summaries;
* Any psychological reports and assessments;
* A list of current medications.

In addition, please send the following documents generated within the last **SIX (6) MONTHS**:

* Attending psychiatrists’ notes
* Case Managers’ notes
* Nurses’ notes & Social Workers’ notes

TEAM

NAME, Case Manager and/or

Coordinator, Release of Information Services

DATE

Page 2

Please note that the disclosure of medical records falls under the jurisdiction of the Review Panel and not Freedom of Information.

Please find attached a Patient’s Right to Legal Representation form signed by Mr/Ms. CLIENT consenting to the release of HIS/HER health records to MHLP. Further, please find attached a letter from Ms. Margaret Ostrowski, QC, Chair, Mental Health Review Board concerning Patient Records Disclosures for Review Panel Hearings

Could you please **fax, or** **scan and email** the above information to our office by **midday onDATE** to **ADMIN**. If you have any questions about this request, please call either **ADVOCATE**or myself.

Once again, thank you for your continued cooperation in these matters.

Yours truly,

NAME

MHLP Legal Assistant

/INITIALS