**[Your Name or Law Firm’s Name]**

**[Your Address or Law Firm’s Address]**

**[City, State, Postal Code]** **[Email Address]**

**[Phone Number]**

**[Today’s Date]**

Justice Health

GPO Box 123

Melbourne

VIC 3001 Australia

Dear Justice Health Team,

**Re: Request for Health Records - [Prisoner’s Full Name, Prisoner ID]**

I am writing to request the health records of [Prisoner’s Full Name], who is currently incarcerated at [Prison/Facility Name]. [Prisoner’s Full Name] has granted consent for the release of these records, and I am making this request in my capacity as legal representative.

Please find enclosed

1. Legal Representation Notification
2. JUSTICE HEALTH AUTHORITY FOR RELEASE OF HEALTH INFORMATION

I understand that this request is subject to the policies of Justice Health and the provisions of the Health Records Act 2001 and the Freedom of Information Act 1982. If there are any fees associated with this request, please inform me so that I can arrange payment promptly.

Your prompt attention to this matter is greatly appreciated as it is essential for upcoming legal proceedings.

Should you require any additional information or clarification, please do not hesitate to contact me at [Your Phone Number] or via email at [Your Email Address].

Thank you for your assistance and cooperation in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Position/Title]