[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Healthcare Provider/Organization Name]
[Provider Address]
[City, State, Zip Code]
Subject: Subject Access Request for Medical Records
Dear [Recipient's Name],
I am writing to formally request access to my medical records under the provisions of the [relevant legislation, e.g., GDPR, HIPAA].
Personal Details:
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- NHS/Patient ID: [Your NHS or Patient ID, if applicable]
I would like to request copies of my medical records, including but not limited to:
- [List specific records or types of information you wish to access, e.g., consultation notes, lab results, treatment history]
Please provide the requested information in a clear and accessible format. Should you require any further identification or documentation to process this request, do not hesitate to contact me via the details provided above.
I appreciate your attention to this matter and look forward to your prompt response.
Thank you for your assistance.
Sincerely,
[Your Name]