

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Medical Institution Name]
[Institution Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Medical Information

I hope this letter finds you well. I am writing to formally request access to my medical records in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Details of the Patient:

- Patient Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Address: [Your Address]
- Medical Record Number (if applicable): [Your MRN]

I am particularly interested in the following information:

- [Specify type of records needed, e.g., lab results, treatment history, etc.]
- [Date ranges if applicable]

Please send the requested information to my address provided above or via email at [Your Email Address]. If there are any forms to be completed or fees associated with this request, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]