

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request access to my electronic health record (EHR) as per my rights under [relevant laws/regulations, e.g., HIPAA]. For your reference, my details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN] (if required for identification)
- Patient ID (if applicable): [Your Patient ID]

I would like to receive my records for the following purposes: [state reasons for requesting records, e.g., personal review, transfer to a new provider, etc.].

Please inform me of any forms or identification required to process my request. I appreciate your prompt attention to this matter.

Thank you for your cooperation.

Sincerely,

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