

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

[Recipient Name]  
[Healthcare Provider's Name]  
[Provider's Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request access to my electronic health records as permitted under the Health Insurance Portability and Accountability Act (HIPAA). My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- Dates of service: [Specify the dates you want records for]

I would like to receive my records in [preferred format, e.g., electronic format, paper copies]. Please let me know if there are any forms or additional information required to process this request.

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]