

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Healthcare Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Access to Electronic Health Records

I hope this message finds you well. I am writing to formally request access to my electronic health records (EHR) maintained by [Healthcare Facility Name].

I am [Your Name], and my date of birth is [Your Date of Birth]. I am a patient at your facility and my medical record number is [Your Medical Record Number, if applicable].

I would like to request access to the following specific information:

- [Specify the details you want access to, e.g., complete medical history, lab results, treatment details, etc.]

For your reference, I have attached a copy of my identification to verify my identity.

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]