

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

Dear [Recipient's Name],

I am writing to formally request access to my electronic health records (EHR) as permitted under [relevant laws or regulations, e.g., HIPAA].

Below are my details for verification:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Address:** [Your Current Address]
- **Patient ID (if applicable):** [Your Patient ID]

I would like to request copies of my health records for the period of [specify dates or time frame]. This includes [specify any particular documents you need, e.g., medical history, lab results, imaging reports, etc.].

Please inform me of any forms or identification required to process this request. I understand that there may be a processing fee and I am willing to comply with the necessary steps to obtain my records.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]