

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

[Recipient Name]
[Recipient Title]
[Healthcare Provider/Facility Name]
[Facility Address]
[City, State, Zip Code]

Subject: Request for Electronic Health Records Access

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request access to my electronic health records (EHR) as permitted under the Health Insurance Portability and Accountability Act (HIPAA).

Please find my details below to facilitate the retrieval process:

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

I would like to request copies of my health records from [Start Date] to [End Date]. Specifically, I am interested in [specific information you need, e.g., lab results, treatment history, etc.].

Please let me know if there are any forms I need to complete or fees I need to pay to process this request. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

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