

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

[Recipient Name]  
[Medical Facility/Practice Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Access to Electronic Health Records

I hope this letter 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) and relevant state laws.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID/Account Number: [Your Patient ID/Account Number, if applicable]

I would like to request copies of all medical records, including but not limited to:

- [List specific records, e.g., lab results, visit notes, prescriptions, imaging reports, etc.]

Please send the requested information to my address above or via email at [Your Email Address]. If there are any fees associated with this request, kindly inform me beforehand.

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]