

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

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

Dear [Recipient's Name],

Subject: Request for Healthcare Records

I am writing to formally request a copy of my medical 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]

I would like to request records for the time period of [start date] to [end date] in relation to [specific treatment, condition, or service].

Please send my records to the address listed above, or if more convenient, you may send them via email to [your email address].

If you require any further information to process my request, please do not hesitate to contact me at [your phone number]. Thank you for your attention to this matter.

Sincerely,

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