[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Request for Electronic Health Record Access
I hope this letter finds you well. I am writing to formally request access to my electronic health records (EHR) in accordance with [specific regulations or laws, e.g., 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 appreciate it if you could provide me with the necessary instructions or forms required to process my request. If there are any fees or identification requirements, please let me know.
Thank you for your attention to this matter. I look forward to your prompt response.
Sincerely,
[Your Name]
[Signature (if sending a hard copy)]