

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

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

Dear [Healthcare Provider's Name],

Subject: Request for Access to Medical Records

I hope this letter finds you well. I am writing to formally request access to my medical records as maintained in your facility. I would like to review my complete health records, including diagnosis, treatment history, and any relevant documentation.

For your reference, my details are as follows:

- Full Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Patient ID (if available): [Patient ID]

Please let me know if there are any forms I need to complete or fees associated with this request. I would appreciate a response by [specify a date, typically 30 days from the date of the letter].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]