[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Practice or Hospital Name]
[Address]
[City, State, Zip Code]
Dear [Healthcare Provider's Name or "To Whom It May Concern"],
I am writing to formally request access to my electronic health records
(EHR) as permitted under the Health Insurance Portability and
Accountability Act (HIPAA).
Patient Information:
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- Dates of Treatment: [Specific Dates or Range of Treatment]
I would like to receive:
- [Specify the type of records you want, e.g., "complete medical
records," "lab results," "imaging reports," etc.]
Please send the requested information to my address above, or allow me to
access my records electronically through the patient portal.
If you require any additional information to process this request, please
let me know.
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]