

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Healthcare Provider/Facility Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Electronic Health Records (EHR)

I am writing to formally request a copy of my electronic health records 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]

I am requesting my EHR for the following reasons:

- [Specify reason for the request, e.g., personal review, transfer to another provider]

Please send the requested records to my email address at [Your Email Address] or to my mailing address at [Your Mailing Address]. If there are any forms or identification required 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 Name]

[Your Signature (if sending a hard copy)]