

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

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

Dear [Provider's Name],

I hope this message finds you well.

I am writing to formally request access to my electronic health records (EHR) as permitted under the Health Insurance Portability and Accountability Act (HIPAA). I would like to obtain a copy of my health records for the period from [start date] to [end date].

Please include the following information in my request:

- Medical history
- Treatment records
- Test results
- Billing information

If there are any forms or fees required to process this request, please inform me at your earliest convenience. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Date of Birth]
[Patient ID or Insurance Number (if applicable)]