

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

[Recipient's Name]  
[Title]  
[Healthcare Provider/Institution Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Access to Electronic Health Records

I hope this letter finds you well. I am writing to formally request access to my electronic health records (EHR) as permitted under [applicable laws, e.g., HIPAA].

Patient Information:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

The reason for my request is [briefly state the reason, e.g., "to review my medical history and ensure its accuracy"].

Please let me know if you require any further information or documentation to process my request. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]