

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

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

Dear [Recipient's Name],

Subject: Request for Electronic Health Records

I hope this letter finds you well. I am writing to formally request a copy of my electronic health records (EHR) as permitted under the Health Insurance Portability and Accountability Act (HIPAA).

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID or Social Security Number (if applicable): [Your Patient ID or SSN]
- Dates of Service: [Range of Dates for which records are requested]

I would like to request access to my complete medical records, including but not limited to:

- Consultation notes
- Lab results
- Imaging reports
- Medication history

Please send the records to my address listed above or to my email address if that is more convenient. If there are any fees associated with processing this request, please let me know in advance.

Thank you for your prompt attention to this matter. If you need any additional information, please do not hesitate to contact me.

Sincerely,

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