

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

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

Dear [Provider's Name],

I hope this letter finds you well. I am writing to formally request a copy of my electronic health records (EHR) in accordance with HIPAA regulations.

Patient Information:

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

Please include all relevant medical records, lab results, imaging reports, and any other pertinent information related to my care. I understand there may be associated fees for this request, and I am willing to cover any necessary costs.

Thank you for your prompt attention to this matter. Please feel free to contact me if you need any further information.

Sincerely,

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