[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Department]
[Healthcare Facility Name]
[Facility Address]
[City, State, Zip Code]
Dear [Recipient Name],
Subject: Request for Access to Electronic Health Records
I am writing to formally request access to my electronic health records (EHR) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.
Patient Information:
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
Details of Request:
I would like to request the following records:
- [Specify the types of records you are requesting, e.g., clinical notes, lab results, imaging reports, etc.]
- [Specify the date range, if applicable]
Please let me know if there are any forms I need to complete or fees required for processing this request. I look forward to your prompt response and appreciate your attention to this matter.
Thank you for your assistance.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]