

[Your Organization's Letterhead]

[Date]

[Provider's Name]

[Provider's Title]

[Provider's Practice/Organization Name]

[Provider's Address]

[City, State, ZIP Code]

Dear [Provider's Name],

Subject: Verification of Electronic Health Record (EHR) System

We are writing to verify the implementation and effectiveness of the Electronic Health Record (EHR) system used by [Provider's Practice/Organization Name]. This verification is essential to ensure compliance with current healthcare regulations and standards.

Provider Information:

- Provider Name: [Provider's Name]
- NPI Number: [Provider's NPI Number]
- Practice Address: [Provider's Practice Address]
- Phone Number: [Provider's Phone Number]

EHR System Details:

- EHR Vendor: [EHR Vendor Name]
- Implementation Date: [Date of EHR Implementation]
- Version: [EHR Version Number]

We confirm that the above-mentioned EHR system is actively in use at your practice and is compliant with HIPAA and relevant clinical documentation requirements.

Please do not hesitate to contact us at [Your Phone Number] or [Your Email Address] if you have any questions or need further information.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Your Contact Information]