

[Your Name]
[Your Title]
[Your Company/Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Recipient Company/Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well.

I am writing to request verification of the Electronic Health Records (EHR) system utilized by [specific healthcare facility or organization] for the purpose of [specific reason, e.g., compliance, auditing, etc.]. This verification is crucial to ensure that all records meet the necessary standards and regulations.

Please provide the following information:

1. Confirmation of the EHR system currently in use.
2. Any certifications or compliance documents that support the operational integrity of the EHR system.
3. Details regarding data security and patient confidentiality measures in place.

Your assistance in this matter is greatly appreciated and will contribute significantly to our efforts in maintaining high standards of healthcare delivery.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]