[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Healthcare Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Request for Electronic Health Record (EHR) Verification
I am writing to formally request verification of my electronic health records (EHR) maintained at [Healthcare Facility/Organization Name]. As per the applicable regulations and my rights as a patient, I seek to ensure that my medical records are accurate and up-to-date.
Please provide confirmation of the following details related to my health records:
1. Confirmation of my personal information (name, date of birth, etc.)
2. List of services/treatments rendered
3. Summary of medications prescribed
4. Any test results or medical reports on file
For your reference, my patient identification number is [Patient ID Number].
I appreciate your prompt attention to this matter. Please send the verification response to my address listed above or via my email at [Your Email Address]. If you require any further information, please do not hesitate to contact me.
Thank you for your cooperation.
Sincerely,
[Your Name]
[Signature (if sending a hard copy)]