

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

[Recipient's Name]  
[Recipient's Title]  
[Medical Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Letter of Understanding for EKG Test Results

I am writing to acknowledge and confirm my understanding regarding the EKG test conducted on [Date of Test] at [Facility Name].

1. **\*\*Purpose of the EKG Test\*\*:**

The EKG (electrocardiogram) test was performed to evaluate my heart's electrical activity and to assist in the diagnosis of any potential cardiac conditions.

2. **\*\*Results Notification\*\*:**

I understand that I will be notified of the test results by [Specify Method - e.g., phone call, email, patient portal] within [Time Frame].

3. **\*\*Discussion of Results\*\*:**

I agree to schedule a follow-up appointment with my healthcare provider to discuss the outcomes of the EKG and any necessary next steps regarding my health.

4. **\*\*Privacy and Confidentiality\*\*:**

I acknowledge that my test results will be kept confidential in accordance with HIPAA regulations and will only be shared with healthcare providers involved in my care.

5. **\*\*Acknowledgment of Understanding\*\*:**

I have read and understood the information provided above regarding my EKG test results.

Please feel free to contact me if any additional information is required. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]