

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

Medical Records Department
Kaiser Permanente
[Facility Address]
[City, State, Zip Code]

Subject: Request for Medical Records

Dear Medical Records Department,

I am writing to formally request a copy of my medical records. Below are my details for identification purposes:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Member ID (if applicable): [Your Member ID]
- Address: [Your Address]

I would like to request records from the following dates: [Specify date range, if applicable].

Please send the records to my address listed above or provide instructions on how I can obtain them electronically.

Thank you for your attention to this matter. If you require any further information or documentation, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]