

[Your name]

[Your address]

[Date]

[Name of care provider or facility]

[Address]

RE: [Your medical identification number or other identifier used] Records Request

To whom it may concern:

I am writing to request copies of my medical records per the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations.

I received medical care in your office [name specific facility if necessary] between [dates of service]. I would like copies of the following health records:

[Bulleted list of which records you would like, such as medical history forms, doctor’s notes, test results, x-rays, appointment records, and prescription records. You may also request an overall summary of your medical records per HIPAA regulations, but there will be a fee attached; check with your state for the allowable amount.]

I am prepared to pay a reasonable fee for copying the records, but per HIPAA regulations, I understand you will not charge for the records themselves. Please remit my records to the above address.

Per HIPAA regulations, I will expect my records within 30 days. If this cannot happen, please return a written explanation along with the date I will receive my records.

Sincerely,

[Your signature]

[Your printed name]

