

Letter of Appeal

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

[Recipient's Name]
[Recipient's Title]
[Health Institution's Name]
[Institution's Address]
[City, State, Zip Code]

Subject: Appeal for Access to Medical Records

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my request to access my health records dated [Date of Original Request]. As per my rights under [Relevant Law/Regulation], I believe I am entitled to access my complete medical records, and I would like to request your reconsideration of my application.

[Briefly explain the reason for the appeal, citing any relevant laws or guidelines. Include any pertinent details that support your request.]

It is crucial for me to have access to my health records for [reason: medical, legal, educational, etc.]. I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your understanding and cooperation.

Sincerely,
[Your Name]