

# Application for Digital Patient Record Access

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request access to my digital patient records as part of my healthcare management. As a patient at [Hospital/Clinic Name], I believe that having access to my medical records will enhance my ability to participate in my own health care actively.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID: [Your Patient ID, if applicable]

I would appreciate it if you could provide me with information on how to access these records. If any forms or identification are necessary, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]