

# Request for Patient Electronic Medical Record Access

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility's Name]

[Healthcare Facility's Address]

Dear [Recipient's Name],

I am writing to formally request access to my electronic medical records as allowed under [applicable laws or regulations]. My details are as follows:

**Name:** [Your Full Name]

**Date of Birth:** [Your Date of Birth]

**Address:** [Your Address]

**Contact Number:** [Your Phone Number]

**Email:** [Your Email Address]

I would like to access my medical records pertaining to [specific dates, treatments, or conditions if applicable]. Please let me know if there are any forms or procedures I need to complete, and any applicable fees that may be required.

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

Sincerely,

[Your Full Name]

[Your Signature (if sending a hard copy)]