

# Patient Rights Legal Assistance Request

Date: [Insert Date]

To: [Legal Assistance Organization/Attorney's Name]

Address: [Organization/Attorney's Address]

Dear [Legal Assistance Organization/Attorney's Name],

I am writing to request legal assistance regarding my rights as a patient under the healthcare laws. My name is [Your Name], and I am a patient at [Healthcare Provider/Hospital Name].

Recently, I have encountered issues that I believe violate my rights as a patient, including:

- [Describe Issue 1]
- [Describe Issue 2]
- [Describe Issue 3]

I would appreciate your guidance on how to address these concerns and ensure my rights are protected. I am eager to resolve these matters promptly and would like to discuss my options available to me.

Please let me know a suitable time for us to discuss this matter further. Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Phone Number]

[Email Address]