

Request for Medical Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Facility/Practice Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request copies of the medical records pertaining to my treatment following the vehicle accident that occurred on [Date of Accident]. The details of my treatment and care are necessary for the ongoing legal and insurance matters related to this incident.

Below are my details for your reference:

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Medical Record Number:** [If applicable]
- **Date of Accident:** [Date of Accident]

In accordance with HIPAA regulations, I kindly ask that you provide these records within the timeframe specified by law. I am aware that there may be a fee for processing this request, and I am willing to cover those costs.

Thank you for your assistance in this matter. Should you need any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Sincerely,

[Your Name]