

Health Records Access Request

Date: [Insert Date]

To: [Name of Healthcare Provider/Facility]

Address: [Healthcare Provider/Facility Address]

City, State, Zip: [City, State, Zip Code]

Dear [Healthcare Provider/Facility Name],

I am writing to formally request access to my health records as allowed under [relevant laws/regulations, e.g., HIPAA].

Patient Information:

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID (if applicable): [Your Patient ID]

Requested Information:

I would like to access the following records:

- [Specify records needed, e.g., medical history, lab results]

Please let me know if you require any additional information to process my request. I appreciate your prompt attention to this matter and look forward to your reply.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]