

Request for Personal Health Records

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a copy of my personal health records, as permitted by the Health Insurance Portability and Accountability Act (HIPAA). My details are as follows:

Full Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID (if applicable): [Patient ID]

I would appreciate it if you could provide my health records from [start date] to [end date]. Please send the requested information to my address or email as indicated above.

If you require any further information to process my request, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]