

# Formal Appeal for Patient Health Records

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request access to my health records as permitted under the Health Insurance Portability and Accountability Act (HIPAA). My name is [Your Full Name], and I was a patient at [Healthcare Facility Name] from [Start Date] to [End Date]. My date of birth is [Your Date of Birth] for identification purposes.

Despite my previous attempts to obtain my records, I have not received a satisfactory response. I believe this information is vital for my ongoing medical care, and I respectfully appeal for your assistance in facilitating my access to these records.

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

Thank you for your cooperation.

Sincerely,

[Your Name]