

Petition for Access to Medical Records

Date: [Insert Date]

To: [Medical Institution Name]

Address: [Medical Institution Address]

Subject: Request for Access to Medical Records

Dear [Recipient's Name or "To Whom It May Concern"],

I, [Your Full Name], am writing to formally request access to my medical records in accordance with [relevant laws or regulations, e.g., HIPAA]. My date of birth is [Your Date of Birth] and my patient identification number is [Your Patient ID Number].

I am requesting the following medical records:

- All medical history
- Test results
- Treatment records
- Any other relevant documentation

Please send the requested records to my address:

[Your Address]

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]