

Request for Historical Health Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request access to my historical health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws. I am seeking records related to my health care received at your facility from [Start Date] to [End Date].

The specific information I am requesting includes:

- All medical records
- Test results
- Consultation notes
- Treatment history

Please let me know if you require any further information to process this request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]