

Request for Access to Electronic Medical Records

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request access to my electronic medical records held by [Hospital Name]. As a patient, I have the right to obtain copies of my medical records, and I would like to review my information for personal and medical reasons.

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number]
- Address: [Your Address]
- Phone: [Your Phone Number]

Please inform me of any procedures I need to complete and any identification documents I must provide to facilitate this request. You can reach me at [Your Email Address] or [Your Phone Number].

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]