

Request for Holistic Personal Health Archives

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a copy of my holistic personal health archives. This request is made under the right to access my health information, as part of my effort to maintain comprehensive records of my health history.

Here are the necessary details to process my request:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- Dates of Treatment: [Specify Dates]

Please let me know if you require any additional information or documentation to fulfill this request. I would appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]