

Request for Access to Health Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility's Name]

[Facility's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my request for access to my health records dated [insert date of initial request]. As you are aware, reviewing my medical records is essential for my ongoing medical care and treatment.

According to [cite relevant laws or guidelines], I am entitled to access my health records for review. I believe that having access to this information will aid in my continued healthcare management.

Therefore, I kindly request that you reconsider your decision and provide me with access to my health records. I am willing to comply with any necessary procedures to facilitate this request.

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

Sincerely,

[Your Name]