

Request for Health Record Retrieval

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the retrieval of my health records as they pertain to my counseling services. As per my rights under the Health Insurance Portability and Accountability Act (HIPAA), I am entitled to access my health information.

Here are the details of my request:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Approximate Dates of Services:** [Insert Dates]

Please send my health records to the address listed above or to my email at [Your Email Address]. I appreciate your prompt attention to this matter and look forward to your response within 30 days.

Thank you for your assistance.

Sincerely,

[Your Name]