

# Medical Record Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request the medical records of my family member, [Family Member's Name], who was a patient at your facility. Their date of birth is [DOB] and their social security number is [SSN].

This request is made in accordance with the Health Insurance Portability and Accountability Act (HIPAA). I am the [relationship to the patient], and I am authorized to obtain this information on their behalf.

Please provide the following information:

- Complete medical history
- Current medications
- Any recent test results

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]