

# Medical Record Request for Research Participation

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request access to medical records for [Participant's Name], who has agreed to participate in our research study titled "[Study Title]." This study aims to [brief description of the research purpose].

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable regulations, we assure you that any medical information obtained will be used solely for research purposes and will remain confidential. The specific information we request includes [list specific records needed, e.g., demographics, treatment history, etc.].

We believe that the data collected will significantly contribute to our understanding of [research topic], and your cooperation is invaluable to the success of this study.

Please find attached the signed consent form from [Participant's Name] that permits us to access their medical records. If you have any questions, or require further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter and your support in advancing our research efforts.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Your Address]

[Your City, State, Zip Code]