

Health Insurance Record Redaction Request

Date: [Insert Date]

[Recipient's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the redaction of my health insurance records held by your company. As per my rights under [insert relevant laws or policies], I request that the following information be redacted:

- [Specify the information to be redacted, e.g., sensitive treatment details, personal identifiers]

My policy number is [Insert Policy Number], and my full name is [Insert Full Name]. I believe the redaction of this information is necessary to protect my privacy.

Please confirm receipt of this request and provide me with updates on the progress. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]