

# Health Information Documentation Request

**Date:** [Insert Date]

**Recipient Name:** [Recipient Name]

**Recipient Title:** [Recipient Title]

**Organization:** [Organization Name]

**Address:** [Organization Address]

**City, State, Zip:** [City, State, Zip]

Dear [Recipient Name],

I am writing to formally request access to my health information documentation as permitted under the Health Insurance Portability and Accountability Act (HIPAA). Please provide copies of the following documents:

- [Specify Document 1]
- [Specify Document 2]
- [Specify Document 3]

If you require any further information or documentation to process this request, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]