

Attn: Medical Records

Re:

Dear Sir/Madam:

Please accept this letter as my formal request for copies of my medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations.

I was treated at your facility from \_\_\_\_\_ to \_\_\_\_\_. I request printed copies of all records related to my treatment; including, but not limited to, blood test results, imaging studies, operative reports, notes from doctors and nurses, consultations, referrals, billing, correspondence, and any other diagnostic or treatment information in my medical file.

I understand there may be a reasonable fee charged for copying and mailing, but not for time spent locating or retrieving my records. Copy charges will be paid promptly upon receipt of your invoice detailing the copy fee and the number of pages copied or printed.

Please send these records to me at the address listed above. If you are unable to send my records within the 30 days mandated by HIPAA, please send me a letter explaining the delay and the date my records will be sent.

If you have any questions, please contact me at \_\_\_\_\_ or \_\_\_\_\_.

Yours truly,

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Signature

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Patient's Name