**Letter to Request Medical Records**

[Your Name]

[Your Address]

[Date]

[Name of Hospital, Practice or Facility]

[Address]

RE: [Your patient identification number (or just your full name if you don’t know)]

To the [facility name] Records Department:

The purpose of this letter is to request copies of the records pertaining to my medical treatment at [facility and location name]. I make this request as allowed under the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services Regulations.

I received treatment at [facility name] from [start date] to [end date]. I request copies of all health records related to my treatment.

I understand you may charge a reasonable fee for copying these records, but will not charge for the time spent locating the records. Please mail the requested records to me at the above address. I understand that you may also charge a fee for the postage incurred by mailing the records.

Thank you for mailing the abode-requested records within 30 days of your receipt of this letter as specified under HIPAA. If this request cannot be accommodated within 30 day, please advise me of this by mail and include the date on which I can expect to receive the requested records.

Sincerely,

[Your signature]

[Your printed name]