

[Your name]
[Your address]
[Your phone number]

[Date]

[PROVIDER'S NAME]
[Address]

Attention: Medical Records team

I am writing to request copies of my medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) federal law.

I received services from [month and year] to [month and year].

Please include all invoices and bills with CPT codes, charts, test and procedure results, consultation notes, referrals, and any UB-04 (payer claims) forms regarding my medical care during this period.

Please mail the requested records to me at the above address.

I understand I may be charged a reasonable fee for copying the records, but that I will not be charged for the time spent locating the records.

I also understand that I will be charged for postage.

Thank you for your assistance.

Please let me know if you need additional information to send the records by [month, day and year].

Sincerely,

[Your signature]

[Your printed name]