[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[Medical Records Department Name]
[Facility Name]
[Facility Address]

RE: Request for Electronic Health Records

To the Medical Records Department,

I am writing to formally request a complete copy of my electronic health records (EHR) maintained by your facility, pursuant to my rights under HIPAA (45 CFR $ 164.524).

**Patient Information:**
Name: [Your Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number (if known): [Account Number]

**Records Requested:**
I am requesting all records from [Start Date] to [End Date], including but not limited to:
- Physician notes and summaries
- Diagnostic test results and lab reports
- Imaging reports
- Medication lists and immunization records
- Billing statements

**Format and Delivery:**
I request these records be provided in an electronic format. Please deliver them via [secure email / patient portal / encrypted USB].

If there is a fee for the labor and supplies associated with this request, please notify me in advance if the cost exceeds $[Amount].

I look forward to receiving these records within 30 days as required by law. Please contact me if you require additional information or a specific authorization form.

Sincerely,

[Your Signature]

[Your Printed Name]