

[Current Date]

[Name of Doctor or Healthcare Facility]

[Current Address]

[City, State, Zip Code]

[Phone Number]

RE: Request for Electronic Health Records Transfer

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID/Account Number (if known): [ID Number]

To Whom It May Concern,

I am writing to formally request a transfer of my complete electronic health records (EHR) from your facility to the healthcare provider listed below:

[Receiving Provider Name/Clinic Name]

[Receiving Provider Address]

[City, State, Zip Code]

[Phone Number]

[Secure Email or Fax for Records Transfer]

Please include all medical records in your possession, including but not limited to:

- Problem lists and clinical summaries
- Progress notes
- Laboratory and pathology results
- Radiology reports and imaging files
- Immunization records
- Current medication lists and allergy information

I request that these records be transferred electronically via a secure portal or encrypted email to ensure efficiency and data security. If there are any fees associated with this transfer, please notify me in advance.

Thank you for your prompt attention to this request.

Sincerely,

[Patient Signature (if printing)]

[Patient Printed Name]

[Phone Number]