

Date: [Date]

From:

[Sending Provider/Facility Name]

[Address]

[Phone Number]

To:

[Receiving Provider/Facility Name]

[Address]

[Fax/Electronic Delivery ID]

Subject: Transfer of Electronic Health Records (EHR)

Dear [Contact Name or Department],

This letter serves as a formal request and authorization to transfer the complete electronic health records for the patient identified below:

Patient Name: [Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID/SSN: [ID Number]

Transfer Reason: [e.g., Referral, Change of Provider, Continuity of Care]

Please include the following information in the electronic transfer:

- Problem lists and diagnoses
- Current and past medication records
- Allergy information
- Immunization records
- Laboratory and imaging results
- Clinical notes and discharge summaries

Please transfer these records via [Secure Email / Direct Messaging / FHIR API / Physical Encrypted Media] in [XML / HL7 / PDF] format.

Attached to this letter is the patient's signed authorization for the release of protected health information (PHI) in compliance with HIPAA regulations.

If you have any questions regarding this transfer, please contact [Staff Name] at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title/Role]