

[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Date of Birth]
[Date]

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]

RE: Request for Behavioral Health Records

To the Records Department,

I am writing to formally request a copy of my behavioral health records maintained by your facility. This request is made in accordance with HIPAA regulations regarding a patient's right to access their protected health information.

Please provide records for the following period: [Start Date] to [End Date].

Specifically, I am requesting the following items:

- Intake assessments
- Treatment plans
- Progress notes
- Diagnostic evaluations
- Medication records
- Discharge summaries

I would prefer to receive these records in [Electronic/Paper] format. Please send them to the following address: [Your Email or Mailing Address].

If there is a fee for copying or mailing these records, please notify me in advance. If any portion of this request is denied, please provide a written explanation for the denial and instructions on how I may appeal the decision.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]