

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

[Date]

[Name of Records Manager/Custodian]  
[Name of Facility/Clinic]  
[Address of Facility]

**RE: SECOND REQUEST for Medical Records regarding [Patient Full Name]**

Date of Birth: [Patient Date of Birth]  
Patient ID/Account Number: [If known]

To the Records Custodian,

This letter is a formal follow-up to my initial request sent on [Date of First Request] for copies of my medical records. As of today, I have not yet received the requested documentation nor a notification regarding a delay.

I am requesting a complete copy of the following records for the period of [Start Date] to [End Date]:

- [e.g., Office visit notes]
- [e.g., Lab results and diagnostic imaging reports]
- [e.g., Discharge summaries]
- [e.g., Billing statements]

Under HIPAA regulations (45 CFR § 164.524), covered entities must provide access to protected health information within 30 days of a request. Please provide these records in [Electronic/Paper] format.

If there is a fee associated with this request, please notify me immediately. Otherwise, I look forward to receiving these records within the next [Number] business days to avoid further escalation of this matter.

Thank you for your prompt attention to this second notice.

Sincerely,

[Your Signature]  
[Your Printed Name]