

[Your Name / Representative Name]  
[Your Organization Name, if applicable]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Custodian of Records / Privacy Officer]  
[Facility Name]  
[Facility Address]

**RE: Request for Complete Medical Chart Audit Trail and Records**

Patient Name: [Patient Full Name]  
Date of Birth: [Patient DOB]  
Patient ID/Account Number: [Patient ID Number, if known]

To Whom It May Concern,

I am writing to you in my capacity as the authorized representative for the above-named patient. A copy of the signed HIPAA authorization / Power of Attorney granting me access to these records is attached to this request.

Pursuant to HIPAA and applicable state laws, I am requesting a complete copy of the patient's medical records, including the full **Audit Trail** (also known as the Audit Log) for the period of [Start Date] to [End Date].

Specifically, I am requesting the metadata and electronic logs that show:

- The identity of every individual who accessed, viewed, or edited the patient's electronic health record (EHR).
- The date and time of each access or modification.
- The specific workstation or IP address used for access.
- A description of the action taken (e.g., viewing, printing, deleting, or modifying data).

Please provide these records in electronic format (PDF or CSV preferred) to the address or email listed above. If there are fees associated with the reproduction of these records, please provide a written estimate before processing the request.

I look forward to receiving these records within the timeframe required by law. Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]

Attachment: [List of attachments, e.g., HIPAA Release Form]