

[REDACTED]

VIA [REDACTED]

Attn: Release of Information – Medical Records Dept.

Re: Patient: [REDACTED]
DOB: [REDACTED]
Dates of Service:

Dear Sir/Madam:

My name is [REDACTED]. Please provide me with a **full and complete** copy of my **Medical Records** for dates of service referenced above. It is specifically requested that you provide the record copies in PDF format on CD or USB flash drive.

". . . [I]f the protected health information that is the subject of a request for access is maintained in one or more designated record sets electronically and if the individual requests an electronic copy of such information, *the covered entity must provide the individual with access to the protected health information in the electronic form and format requested by the individual ...*" - 45 CFR 164.524

For all records maintained electronically, please produce them in the following format:

- Text-pdf files converted or exported directly from the native application containing the text from the original file. (*Note: This is not a file exported as an image without text.*)
- Full-color files that maintain the colors of the original
- Full-resolution files that maintain the clarity and sharpness of the original
- Where feasible, accompanying text or pdf files containing the metadata associated with the original native files.

Please send the requested records to [REDACTED] at [REDACTED]. Attached is a copy of my driver's license. **The purpose of disclosure is my personal use.**

Thank you for your compliance with this request within 30 days of your receipt of this letter, as required by 45 C.F.R. § 164.524(b)(2)(i). If you have any questions, please contact me at [REDACTED]. I preauthorize any invoice up to \$20.00. This request is sent pursuant to the HiTech Act.

Sincerely, [REDACTED]

Form provided courtesy of Bell Law Firm.

