

[REDACTED]
VIA [REDACTED] - [REDACTED]

Attn: Release of Information – Medical Records/Radiology Department

Re: Patient: [REDACTED]
DOB: [REDACTED]
Dates of Service: Any and All

Dear Sir/Madam:

My name is [REDACTED]. Please provide me with a **full and complete** copy of my **Radiology Films** for dates of service referenced above. It is specifically requested that you provide the record copies 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

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.

