

TEMPLATE 01 · MYCHARTCOUNT GUIDE

Doctor / Clinic / Specialist

WHEN TO USE

Requesting your complete records from any individual doctor, clinic, or specialist's office where you've been seen.

[Your Full Legal Name]

[Your Street Address]

[City, State ZIP]

[Phone] · [Email]

[Today's Date]

[Doctor or Clinic Name]

Attn: Medical Records Coordinator / HIPAA Privacy Officer

[Clinic Address]

[City, State ZIP]

Re: Request for Access to Protected Health Information**Patient: [Your Full Legal Name]****Date of Birth: [Your DOB]**

To Whom It May Concern,

Pursuant to my right of access under HIPAA (**45 CFR § 164.524**) and the **21st** Century Cures Act information blocking rule (45 CFR Part 171), I am requesting a complete copy of all my Protected Health Information (PHI) maintained by your practice, including but not limited to:

- All clinical notes, progress notes, and consultation notes
- All laboratory results and pathology reports
- All imaging studies and radiology reports (reports AND image files in DICOM format)
- All medication and prescription records
- All referral letters and correspondence with other providers
- All billing and claims records

- All electronic health information (EHI) as defined under the Cures Act

Please provide these records in electronic format (PDF or via secure patient portal). I understand the following:

- Records must be provided within 30 days of this request (45 CFR § 164.524(b)(2)), and my state may require a shorter timeframe.
- You may charge only a reasonable, cost-based fee per HHS guidance. You may not charge for retrieval time or standard search. Records delivered electronically through the View, Download, and Transmit function of a Certified EHR must be provided at no cost.
- Under the Cures Act, you may not deny, delay, or materially interfere with my access to EHI.

Please send the records to: [Your preferred delivery: email / patient portal / mailing address]

For identity verification, I have attached a copy of my government-issued photo identification.

If you require additional verification or have questions about this request, please contact me at [phone] or [email].

If access is denied without a valid exception, delayed beyond the legal deadline, or if I am charged unreasonable fees, I reserve the right to file an information blocking complaint with the HHS Office of the National Coordinator (ONC) and a HIPAA complaint with the HHS Office for Civil Rights (OCR).

Sincerely,

[Your Signature]

[Your Printed Name]

[Date]