

TEMPLATE 02 · MYCHARTCOUNT GUIDE

Hospital (Full Record Set)

WHEN TO USE

Requesting records from a hospital. Hospital records are typically held by the Health Information Management (HIM) Department and span multiple categories: inpatient admissions, emergency department visits, imaging studies, lab work, and billing — all of which need to be requested explicitly.

[Your Full Legal Name]

[Your Street Address]

[City, State ZIP]

[Phone] · [Email]

[Today's Date]

[Hospital Name]

Health Information Management Department

[Hospital Address]

[City, State ZIP]

Re: Request for Complete Hospital Record Set**Patient: [Your Full Legal Name]****Date of Birth: [Your DOB]****Medical Record Number (if known): [MRN]****Dates of Service: [date range or "all encounters"]**

To Whom It May Concern,

Under my right of access in HIPAA (**45 CFR § 164.524**) and the **21st** Century Cures Act (45 CFR Part 171), I am requesting a complete copy of all my Protected Health Information held by [Hospital Name], including all departments and care settings.

Please include, at minimum, the following categories. I am requesting ALL of the following, not a summary of any of them:

INPATIENT / ADMISSION RECORDS

- All admission notes, history & physicals (H&P)
- All daily progress notes and consultation notes
- All discharge summaries
- All operative reports and procedure notes
- All nursing notes and care plans

EMERGENCY DEPARTMENT RECORDS

- All ED physician notes and triage notes
- All ED orders and results
- All discharge instructions

DIAGNOSTIC RECORDS

- All laboratory results (with actual values, not summaries)
- All pathology reports
- All cardiology and EKG/ECG reports
- All imaging reports AND the imaging studies in DICOM format (X-ray, CT, MRI, ultrasound, nuclear medicine, etc.)

MEDICATION RECORDS

- All medication administration records (MAR)
- All discharge medication lists and prescriptions

BILLING AND ADMINISTRATIVE

- All itemized billing records and UB-04 claim forms
- All insurance correspondence

PSYCHIATRIC / BEHAVIORAL HEALTH (if applicable) Please note: I am requesting access to my full record. Where psychotherapy notes are involved and are subject to separate HIPAA treatment, please indicate this in your response.

Please provide these records electronically. Acceptable formats are PDF (for narrative records), DICOM (for imaging), and either direct portal upload or email to [your email]. I do not request a CD-ROM as my computer cannot read it.

Under HIPAA, you have 30 days from receipt of this request to provide the records or to respond in writing with a permissible exception. HHS guidance prohibits charging fees for retrieval or search, and prohibits any fee for records delivered through a Certified EHR's View, Download, and Transmit function.

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

If you require additional verification or wish to clarify scope, please contact me at [phone] or [email].

Sincerely,

[Your Signature]

[Your Printed Name]

[Date]