

**TEMPLATE 05 · MYCHARTCOUNT GUIDE**

# Personal Representative (Family Member)

**WHEN TO USE**

*Requesting records on behalf of a family member. A parent requesting a minor child's records. An adult child requesting an aging parent's records (with written authorization). A spouse requesting a spouse's records. A court-appointed guardian. HIPAA recognizes "personal representatives" with the same access rights as the patient.*

*IMPORTANT: You will need to attach proof of your authority as personal representative. The proof depends on the relationship: parent of a minor (birth certificate); power of attorney for healthcare (signed POA document); court-appointed guardian (court order); executor of an estate (letters testamentary); spouse acting under a HIPAA authorization (signed form).*

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[Your Full Legal Name]

[Your Street Address]

[City, State ZIP]

[Phone] · [Email]

[Today's Date]

[Provider, Hospital, Insurer, or Pharmacy Name]

Attn: Medical Records / HIPAA Privacy Officer

[Their Address]

[City, State ZIP]

**Re: Personal Representative Request for Access to Protected Health Information**

**Patient: [Patient's Full Legal Name]**

**Patient's Date of Birth: [Patient's DOB]**

**Personal Representative: [Your Full Legal Name]**

**Relationship to Patient: [parent / spouse / adult child / guardian / executor / etc.]**

To Whom It May Concern,

I am the legally authorized personal representative of [Patient's Full Legal Name], and I am requesting access to the patient's Protected Health Information (PHI) under my right of access in HIPAA (**45 CFR § 164.502(g)** and **45 CFR § 164.524**) and the **21st Century Cures Act** (45 CFR Part 171).

Attached to this request is documentation establishing my authority as personal representative:

- Birth certificate (parent of minor)
- Healthcare power of attorney
- Court-appointed guardianship order
- Letters testamentary (executor of estate)
- HIPAA authorization signed by patient
- Other: [describe]

I am requesting a complete copy of all of the patient's PHI maintained by your organization, including:

- All clinical notes, lab results, imaging reports and DICOM image files, medication records, and billing records
- All electronic health information (EHI) as defined under the Cures Act

Please provide the records electronically to my email at [your email], or via secure portal access.

Under HIPAA, a personal representative must be treated as if they were the individual themselves for purposes of access to PHI (**45 CFR § 164.502(g)**). You have 30 days from receipt to provide the records or respond in writing.

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

If you require additional documentation or verification, please contact me at [phone] or [email].

Sincerely,

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[Your Signature]

[Your Printed Name]

[Date]