



cardiocare™

**SAMPLE LETTER REQUESTING MEDICAL RECORDS**

[Your name]

[Your address]

[Your phone number]

[Date]

[Name of care provider or facility]

[Address]

Dear :

I am writing to request copies of my medical records. I was treated in your office between [fill in dates]. Please include all charts, test results, consultation notes and referrals regarding my medical care.

I understand I may be charged a reasonable fee for copying the records, but that I will not be charged for time spent locating the records.

Please mail the requested records to me at the above address. I have enclosed a self-addressed envelope for your convenience. I understand that I will also be charged for postage.

I have an appointment scheduled on \_\_\_\_\_ with Dr. \_\_\_\_\_ .

Thank you for your cooperation. Please let me know if you need any additional information.

Sincerely,

[Your signature]

[Your name printed]

*NOTE: Under HIPAA guidelines you can be charged a reasonable fee for copying records. You may also be charged for postage if you ask that records be mailed to you. HIPAA allows 30 days for a provider to respond to your request for records, with one 30-day extension for good reason. Your specific state laws may include a lower fee for copies of records or a shorter time for the provider to respond to your request.*