

# Medical Records Request

This letter is the OpenCharts template for requesting a copy of your medical records under your right of access under the HIPAA Privacy Rule. Fill in the blanks, sign it, and send it by USPS certified mail (return receipt requested) or by your provider's patient portal. Keep a copy and the proof of delivery.

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## Your information

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Provider

Practice or hospital name: \_\_\_\_\_

Medical records department address: \_\_\_\_\_

Date of this request: \_\_\_\_\_

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## VIA USPS CERTIFIED MAIL — RETURN RECEIPT REQUESTED

### Re: Request for medical records under 45 C.F.R. § 164.524

To the Medical Records Department,

I am writing to request a copy of my medical records under the right of access provided by the HIPAA Privacy Rule, codified at 45 C.F.R. § 164.524.

## Records requested

All records in my file.

Records for the date range:

Date range: \_\_\_\_\_

Specific items only (please list below):

Items: \_\_\_\_\_

## Format

Under 45 C.F.R. § 164.524(c)(2)(ii), if my records are kept electronically, I have the right to receive them in an

electronic form and format of my choice, provided the format is readily producible.

Electronic copy (PDF or other readily producible format) sent to:

Email: \_\_\_\_\_

Patient portal: \_\_\_\_\_

Paper copy mailed to the address above.

**Deadline (30 days)**

Under 45 C.F.R. § 164.524(b)(2)(i), you must act on this request no later than thirty (30) days after its receipt. If you require an extension, the regulation requires you to notify me in writing within those first 30 days and to state the reason for the delay. You may extend only once, by up to thirty (30) additional days.

**Fees**

Under 45 C.F.R. § 164.524(c)(4), any fee you charge must be reasonable and cost-based. I do not consent to fees for searching for or retrieving my records, and I do not consent to a per-page rate that exceeds your actual cost. Please itemize any charges before processing payment.

Please confirm receipt of this request, the date you received it, and the date by which I should expect the records.

Sincerely,

\_\_\_\_\_  
Signature

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

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*cc: Personal records. Keep this letter, the USPS certified-mail receipt, and any tracking confirmation in your OpenCharts audit log.*