

HITECH RECORDS REQUEST

Patient: _____

DOB: _____

Dear Records Custodian:

I am a patient of _____ .

I request copies of all of my medical records covering the following time period.

FROM: _____ TO: _____

Please provide all records **in electronic format only** using Adobe Acrobat pdf format in accordance with 42 U.S.C. 17935 (e) and 45 C.F.R. 164.524.

Please send the electronic records to me via email or regular mail. My contact information is:

- Name**
- Address**
- Email**
- Phone**

Patient

Date