INSERT NAME

INSERT FULL ADDRESS HERE

INSERT PHONE # HERE

INSERT DATE SENT

Re: **Request for Electronic Medical Records Under HITECH Act**

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

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_xxx-xx-­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir or Madam:

I was a patient of your facility.

Under the federal HITECH Act, I am requesting a full and complete electronic copy of my entire health record and radiology images/studies/reports, omitting nothing from \_\_\_\_\_\_\_\_\_\_ to present within 30 days of this request.

I would like to receive the records and imaging studies on CD or thumb drive.

I do not want paper copies.

I will pay the permissible reasonable cost-based fee for my request, which includes the actual labor costs for producing the records in the requested electronic format, the actual cost of the portable media, and postage.

I direct that the records be sent to my attorneys at Frith Ellerman & Davis Law Firm, P.O. Box 8248, Roanoke, Virginia 24014 (or 303 Washington Avenue SW, Roanoke, Virginia 24016 if you cannot mail to a post office box.)

You may contact my attorneys at (540)985-0098 if you have any questions about this request.

Respectfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_