
Today's date:

To Whom It May Concern,

I am writing to request my full clinical medical history, to be released to:

This includes diagnosis, treatment, prescription drugs, laboratory tests, physiologic monitoring data, hospitalization and imaging provided or directed under your care,

I am seeking:

A: comprehensive medical records for all dates/ time periods of care provided

B: medical records from to

C: medical records pertaining only to this specific condition:

I further DO/DO NOT provide consent for the following records to be released alongside the above:

- A.** Sexual history: I provide consent for release of this information
- B.** Abortion history: I provide consent for release of this information
- C.** HIV/ AIDS history: I provide consent for release of this information
- D.** Mental health: I provide consent for release of this information
- E.** Alcohol and drug use: I provide consent for release of this information

Recent regulations and guidance from the U.S. Department of Health & Human Services make clear that under HIPAA, patients have a right to their own clinical information. [U.S. Department of Health & Human Services, Individuals' Rights Under HIPAA to Access Their Health Information; <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>]. Please send this information to me as soon as possible, and in any case within 30 days, in an electronic, machine-readable format via email at

Sincerely,