

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]

[Date]

[Medical Provider's Name]
[Medical Provider's Address]
[City, State, ZIP Code]

Subject: Request for Electronic Medical Records Under the HI-TEC Act

Dear [Medical Provider's Name],

I am writing to request a copy of my medical records under the Health Information Technology for Economic and Clinical Health (HI-TEC) Act (45 CFR § 164.524(c)(4)). I would like to obtain these records in an electronic format. Specifically, I am requesting:

- All medical records, including but not limited to, consultation notes, test results, imaging studies, and treatment plans.
- Records spanning from [start date] to [end date] (or specify "all available records" if no date range is needed).

Please provide the records in one of the following electronic formats:

- PDF files
- CD
- USB drive

I understand that the HI-TEC Act allows for a reasonable fee to be charged for the provision of these records in an electronic format, generally capped at \$6.50.

Please let me know the total fee in advance so that I can make the necessary payment arrangements. I look forward to receiving my records within the 30-day timeframe as stipulated by the HI-TEC Act.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending by mail)]