

## REQUEST FOR MEDICAL RECORDS

To: Cardiology of Virginia  
13572 Waterford Place  
Midlothian, VA 23112  
(804) 560-8782 (phone)  
(804) 525-2525 (fax)

Re: Medical Record Number: \_\_\_\_\_

Dear Medical Records Personnel,

The purpose of this letter is to request copies of my medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations.

I request copies of the following health records related to my treatment:

- Physician notes
- Nurse notes
- Medical history
- Family history
- Results of physical examination
- Test/procedure results
- Medicine prescribed
- Hospital records

I understand you may charge a reasonable fee for copying the records, but will not charge for time spent locating the records. Please mail the requested records to me at the below address.

I look forward to receiving the above records within 30 days as specified under HIPAA. If my request cannot be honored within 30 days, please inform me of this by letter as well as the date I might expect to receive my records.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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