

HITECH RECORDS REQUEST

RE: Patient Name: _____
Date of Birth: _____

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**.

Please send the electronic records to me.

(Your address and email)

I am not requesting paper copies. Rather, pursuant to the Health Information Technology for Economic and Clinical Health Act (**HITECH Act**), 42 U.S.C.A. §17935(e)(1), and its implementing regulations, 45 CFR 164.524(c)(4)(i), I am requesting in an electronic format, a copy of my entire medical records from _____ to present. However, if it is more convenient for you to send us an electronic copy of my entire medical record (if the entire record covers a period in excess of three years), please know I will accept the entire record – provided that this does not result in a higher cost to me than if you sent to me only the selected records which I have identified above.

Further, please note that the HITECH Act requires you to provide the requested records within **thirty (30) days** of receiving this request. 45 CFR 164.524(b)(2).

If any of the records are available only as paper copies, and have never been made into an electronic format, please identify each such record. Pursuant to the **HITECH ACT**, you entity may only charge a fee that “shall not be greater than the entity’s labor costs in responding to the request for the copy”. 42 U.S.C.A. §17935(e)(2). Moreover, the **HITECH Act preempts** any contrary provisions for **state law** regarding what health care providers can charge a patient for making copies of paper medical records. If the fee you intend to charge will exceed \$25.00 (Twenty-Five Dollars), please contact me immediately.

To reiterate, the HITECH Act and its regulations do **not** allow you to bill for paper copies when an electronic copy has been requested. Please understand that I do not hesitate to file complaints with the Department of Health and Human Services (HHS) if healthcare providers

violate the law by improperly applying the paper medical records copying charge rate for electronic records and/or fail to provide the requested records within the required timeframe.

I authorize you and any vendor you use to communicate directly with me regarding all issues related to this request, including authorization of the cost-based charges and the time frame for providing the records to me. To that end, I am also requesting that any invoices be sent to me at (fax or email).

Please know that your cooperation, effort, and time are appreciated. Of course, if you have any questions about this letter, or any aspect of this matter, please do not hesitate to contact me.

Very Truly Yours,

Date: _____
