

[date]

[Name and Address Health Care Provider]

Dear Records Custodian:

I am your patient, [name of client]. My birth date is [birth date]. Place a complete copy of my electronic health information (EHI) on an internet portal so that I (or the person designated by me to receive a copy of my EHI) can request Electronic Access to the EHI pursuant to the HIPAA regulations and the 21st Century Cures Act regulations.

Provide an internet link and a password or alternatively, an internet link to an API (application programming interface) allowing electronic access to my EHI to my designee as follows:

**[Attorney's Name
Attorney's mail address
Attorney's email address
Attorney's phone number]**

My EHI should be in a .pdf or .dcm formats. All imaging studies shall be provided in original resolution electronic files.

If you have questions, please contact my designee at the phone number listed above.

SIGNED: _____
[Client's name and address]