

Date: \_\_\_\_\_

NAME OF FACILITY  
NAME OF ADMINSTRATOR  
STREET NUMBER  
Sacramento, California 95834

RE: *Request for Records*

To whom it may concern:

My name is [NAME OF PATIENT or FAMILY MEMBER REQUESTING RECORDS]. As you well know, [ I / MY FATER / MY MOTHER] [NAME OF PATIENT] (date of birth: MM/DD/YYYY) was a resident at your facility. This is a formal request for a **full, complete** and accurate copy of [MY / MY FATERH's / MY MOTHER'S] medical records from the initial date of admission to the final date of discharge.

***Provide the records in electronic form on CD in the Adobe Acrobat .pdf format.*** Please note that HIPAA requires that you provide the records for the cost of the CD and the cost of the actual time spent putting the records and/or films on the disk.

Pursuant to federal law, ***your facility is required to deliver copies of the records to me within (2) days***, therefore, make them available for me to pick up no later than \_\_\_\_\_ (two days from the day I transmitted this letter to you.)

**I am requesting ALL of the following items:**

Face Sheet(s)	Discharge Summary	Transfer Records
POLTS(s)	Advanced Directives	Records of Durable Power of Attorney
Informed Consent(s)	Admission Documents	All MDS's
CAA's or RAP's	Care Plan(s)	Care Conference
24-hour Sheets	IDT Notes / Plans	Orders
Telephone Orders	Faxes	History & Physical
MD Progress Notes	Weight Records	Consultant Pharmacist Records (DRR)
Vital Signs records	Labs	Xray
Nursing Notes	Weekly Summaries	Admission Nursing Assessment
ADL's	MAR's	Controlled Drug Record
TAR's	Skin/Wound Tracking	Intake/Output record
bowel/bladder records	Nutrition records	Social Services evaluations/assessments
Activities documents	Rehab Screens	Physical Therapy records
Speech Therapy Recs	Restorative Nursing	Occupational Therapy Records
Personal Inventory	Hospital Records in the chart in your possession.	

Any and all other records you have; including any communications log.

In additional to federal law, including HIPAA and the HITECH Act, this request is made pursuant to California Health & Safety Code Section 123105(e) and Probate Code Sections 24 and 58. I specifically request that you provide the records in electronic format (i.e., PDF format on CD, online repository, or flash drive), for a reasonable cost-based fee. See 45 CFR 164-524(c)(4)(i-iv).

You are required by federal law to provide an electronic copy if the copy is readily producible electronically (e.g. the record can be readily scanned into electronic format). If a copy is not readily producible in electronic format then please contact me immediately and identify the record(s) and the amount of any copying fees for specified record(s).

If you have any questions or concerns regarding the request, please let me know. I understand there is a related fee for copying, which I am willing to pay. Thank you in advance for your prompt attention to this matter.

Sincerely,

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YOUR NAME  
YOUR ADDRESS