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DATE

MEDICAL PROVIDER NAME
ADDRESS

Re:
DOB:

Dear Records Clerk:

I have been retained by CLIENT to represent her/him in her/his claim for Social Security disability benefits. I have enclosed a Records Request signed by CLIENT.

Please send me a copy of all treatment notes and medical records generated by your facility concerning CLIENT.

Pursuant to the HITECH Act, 45 CFR 164.524, I request these records in electronic format only. Please be aware that the HITECH Act applies to requests by third party law firms just the same as it applies to requests by patients. "If requested by an individual, a covered entity must transmit the copy of protected health information directly to another person designated by the individual." See Federal Register January 25, 2013, Vol. 78 No. 17, Pg. 5634.

I am **not** requesting paper copies. The HITECH Act and its regulations do **not** allow you to bill for paper copies when an electronic copy has been requested.

Pursuant to the HITECH Act you have 30 days from the date of this request in which to provide the records in the format requested.

Sincerely yours,

David R. Paletta
Attorney at Law

DRP/gh