

HITECH RECORDS REQUEST

Re: XX
DOB: XX

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** using Adobe Acrobat pdf format.

Please send the electronic records to my attorney David Paletta.

David R. Paletta
Attorney at Law
800 East Oak Drive
Durham, NC 27705

Email: dpaletta@att.net

I authorize you and any vendor you use to communicate directly with Mr. Paletta regarding all issues related to this request, including authorization of the cost based charges and the time frame for providing the records to his office.

CLIENT

Date