

**HITECH ACT
PATIENT DIRECTED LETTER**

To: _____

Date: _____

Re: ***HITECH MEDICAL RECORDS REQUEST***

Name:

DOB:

Sir or madam:

I am your patient. Under the HITECH ACT, I am requesting a full and complete **electronic copy** of:

- All my medical records for all dates of service at your facility including, but not limited to face sheet(s), histories, physicals, laboratory reports, operative reports, discharge summaries, progress/physician notes, radiology reports, pathology reports, emergency reports, nursing notes, EKG/EMG/EEG reports, consultation reports, charts, notes, correspondence, bills, statements, strips, pictures, and films (including MRI, CT, and x-ray films) kept in connection with the history, care, diagnosis, prognosis, and/or treatment of me at or for the facility.
- Itemized billing records for any dates of service at your facility.

Please send my electronic records to:

Big Bad Law Firm
1060 W. Addison St.
Chicago, Illinois 60613
Email: Email@BigBadLawFirm.com

My lawyers will reimburse your facility for the cost of records under the HITECH Act. I have also enclosed a HIPAA-compliant authorization that allows you to send all information to my lawyers. Should you have any questions or concerns, please call my lawyers.

Thank you for your help.

Signature of Patient
<CLIENT NAME, ADDRESS>

AUTHORIZATION FOR RELEASE OF ALL MEDICAL RECORDS

To: _____

I, _____, request that an electronic copy of *all* my records in the possession and/or control of the facility be released to **BIG BAD LAW FIRM** pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and as modified by the Health Information Technology for Economic and Clinical Health Act (HITECH Act). I request *all* records including, but not limited to, face sheet(s), histories, physicals, laboratory reports, operative reports, discharge summaries, progress/physician notes, radiology reports, pathology reports, emergency reports, nursing notes, EKG/EMG/EEG reports, consultation reports, charts, notes, correspondence, bills, statements, strips, pictures, and films (including MRI, CT, and x-ray films) kept in connection with the history, care, diagnosis, prognosis, and/or treatment of me at or for the facility.

The purpose of this letter and authorization is for review of all medical records. This letter and authorization shall expire upon the discharge of **BIG BAD LAW FIRM** as my attorneys.

ELECTRONIC RECORDS ONLY - NO PAPER COPIES WILL BE ACCEPTED
Please email all records to Email@BigBadLawFirm.com

Dated:

<CLIENT NAME, ADDRESS>