

[Name of Practice]

GRANT OF REQUEST FOR ACCESS

Dear _____:

We received your request for access to your medical records on _____, 20____.

_____ We have enclosed copies of the information you requested. We are permitted under federal and state law to recover our reasonable copying and postage costs of \$_____ and \$_____ for labor to copy that information. Please promptly remit payment by check or money order to:

[Name of Privacy Official], Privacy Official
[Name of Practice]
[Address]

_____ The records you requested are voluminous or are not in a format that is easily copied and mailed. Please call us at [Phone Number] so that we may discuss the scope and format of your request, as well as a convenient time and place for you to inspect or obtain a copy of the requested information.

Please call us if you have any questions.

Sincerely,

[Name of Privacy Official], Privacy Official
[Name of Practice]