[Insert Letterhead]

**Request for Access Approval**

Dear [Insert patient name],

On [Insert date], we received your request to access your protected health information and an authorization to release this information to you. Your request has been approved and you may [review your records] or [obtain your copy] on [Insert future date]. The fee for your records is [Insert amount], payable in advance.

* If you requested delivery of your protected health information via email, then it will be delivered upon receipt of the above-referenced fee. This email will not be encrypted and may be at risk for inadvertent disclosure. By providing your email address and submitting the request for access form, you accept this risk. [You can choose not to email records if you provide an alternative electronic copy of the records, such as on a CD/DVD.]
* If you requested that your protected health information be provided on portable electronic media, the protected health information will not be encrypted and may be at risk for inadvertent disclosure if you lose the media or it is stolen. By requesting that [insert covered entity name] provide access via portable electronic media, you accept this risk.

If you have questions, please call [Insert Covered Entity contact name and information]. If you would like to review our notice of privacy practices please let us know and one will be sent to you.

Sincerely,

[Insert Covered Entity contact name and information]