

SAMPLE FOIA REQUEST LETTER FOR YOUR OWN MEDICARE  
RECORDS

**To hasten the processing of your request, address your request to the CMS Regional Office which has jurisdiction over the state where you live.** The list of Regional Offices and the respective states they have jurisdiction over can be found at:  
<http://www.cms.gov/foia/downloads/WheretoFile.pdf>.

Date

CMS FOIA Officer  
(Address to the Regional Office as explained above)

Dear \_\_\_\_\_:

Under the Freedom of Information Act, 5 U.S.C. subsection 552, I am requesting access to [identify the records as clearly and specifically as possible].

In accordance with the Department of Health and Human Services Privacy Act regulation at 45 C.F.R. 5b.5(b)(2), I certify that I am the individual who I claim to be and that I understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Act subject to a \$5,000 fine.

[Optional] I am willing to pay fees for this request up to a maximum of \$\_\_. If you estimate that the fees will exceed this limit, please inform me first.

[Optional] I request a waiver or reduction of all fees for this request the Department's FOIA regulations at 45 C.F.R. 5.45. [Include specific details.]

[Optional] I request that the information I seek be provided in electronic format, and I would like to receive it on a personal computer disk [or a CD-ROM].

[Optional] If you have any questions about handling this request, you may telephone me at \_\_\_\_\_ [insert home / office / mobile phone number].

Sincerely,

Name  
Address