

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:
<https://www.cms.gov/about-cms/where-we-are/regional-offices/cms-locations>.

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