

SAMPLE FOIA REQUEST LETTER FOR RECORDS ON A LIVING
BENEFICIARY FROM SOMEONE OTHER THAN THE BENEFICIARY

To hasten the processing of your request, address your request to the CMS Regional Office which has jurisdiction over the state where the beneficiary lives. 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>.

A copy of the Health Insurance Portability and Accountability Act (HIPAA) authorization form can be found at: <http://www.medicare.gov/MedicareOnlineForms/PublicForms/CMS10106.pdf>
If the individual signing the valid authorization is not the beneficiary, then a Power of Attorney must be provided.

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].

[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] I ask that my request receive expedited processing because _____. [Include specific details concerning your "compelling need."]

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

Sincerely,

Name
Address

Enclosures: HIPAA Authorization
Power of Attorney (if applicable)