

Patient Privacy Compliance Reminder

Date: [Insert Date]

To: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We hope this message finds you well. As part of our commitment to maintaining the privacy and confidentiality of your health information, we would like to remind you of our privacy practices.

Your health information is protected under the Health Insurance Portability and Accountability Act (HIPAA). We take this responsibility seriously and want to ensure that you are aware of your rights and our obligations regarding your personal health information.

Key Points to Remember:

- Your health information will only be shared with your consent.
- You have the right to access your medical records.
- Please inform us if you have any concerns about your privacy.

If you have any questions or wish to discuss this further, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for trusting us with your healthcare needs.

Sincerely,

[Insert Your Name]

[Insert Your Position]

[Insert Facility Name]