

Patient Privacy Policy Acknowledgment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Address: [Insert Address]

Dear [Patient Name],

This letter serves as an acknowledgment of your understanding and acceptance of our privacy policy regarding your health information in emergency situations.

As a patient, you have the right to expect that your protected health information will be handled with the utmost confidentiality. In emergencies, we may need to share your medical information with healthcare providers and emergency personnel without your consent, as permitted by law.

Please sign below to indicate that you have read and understood our privacy policy:

_____ **Signature of Patient**

_____ **Date**

If you have any questions regarding our privacy practices or need further clarification, please do not hesitate to contact us.

Sincerely,

[Your Practice Name]

[Your Practice Contact Information]