Patient Privacy Policy Acknowledgment

Date: _______________

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are committed to protecting your privacy and the confidentiality of your personal health information. This letter serves to acknowledge your understanding and acceptance of our Patient Privacy Policy for mental health services. Please read the policy carefully and sign below to confirm your acknowledgment.

Patient Privacy Policy Summary

- Your health information will be used only for the purposes of treatment, payment, and healthcare operations.
- We are required by law to maintain the privacy of your health information.
- You have the right to access your health records.
- We will not disclose your information without your consent, except as required by law.

The full Patient Privacy Policy is available in our office or can be provided upon request.

By signing below, you acknowledge that you have received, read, and understood the Patient Privacy Policy.

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Patient's Signature

Date: _______________

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Provider's Signature

Date: _______________

If you have any questions regarding this policy, please do not hesitate to contact us.

Sincerely,

[Provider's Name]

[Name of Practice]

[Contact Information]