

Patient Privacy Policy Acknowledgment

Date: _____

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

Thank you for choosing [Healthcare Provider's Name] for your healthcare needs. We value your privacy and are committed to protecting your personal health information.

Please review the enclosed Patient Privacy Policy, which outlines how we collect, use, and protect your information. By signing below, you acknowledge that you have received and understand the Privacy Policy.

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

Best regards,

[Healthcare Provider's Name]

[Contact Information]

Patient's Signature

Date: _____