

Patient Privacy Policy Acknowledgment

Date: [Insert Date]

Dear [Patient's Name],

We value your trust and are committed to protecting your personal health information. As a returning patient, we would like to remind you of our privacy policy. Please acknowledge that you have received and understood the details of our privacy practices, which are designed to protect your sensitive information in compliance with applicable laws.

Privacy Policy Overview:

[Insert a brief overview or summary of the privacy policy here.]

By signing below, you acknowledge that you have been provided with our privacy policy and that you understand your rights regarding your personal health information.

Patient Signature: _____

Date: _____

If you have any questions or concerns about our privacy practices, please feel free to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Practice Name]