

Patient Privacy Policy Acknowledgment for Telemedicine Services

Date: _____

Dear [Patient's Name],

This letter serves to confirm your understanding and acknowledgment of our Patient Privacy Policy in relation to telemedicine services offered by [Practice Name]. We value your privacy and are committed to protecting your personal health information in accordance with applicable laws and regulations.

Privacy Policy Overview

Our privacy policy outlines how we collect, use, disclose, and safeguard your health information when you engage in telemedicine services. Please take a moment to review it carefully.

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

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Contact Information]

Patient Acknowledgment

I, [Patient's Name], hereby acknowledge that I have received and reviewed the Patient Privacy Policy of [Practice Name].

Signature: _____

Date: _____