

Confidentiality Assurance Letter for Patient Survey

Date: [Insert Date]

Dear [Patient's Name],

We are conducting a patient survey to improve our services and enhance patient care. Your feedback is invaluable to us.

We want to assure you that your responses will be kept strictly confidential. All information collected will be used solely for the purpose of this survey and will not be shared with any third parties. Your identity will remain anonymous, and any data reported will be in aggregate form only.

Participation in this survey is completely voluntary. If you choose to participate, you may withdraw at any time without any impact on your current or future care.

Thank you for considering this opportunity to help us improve.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]