

Patient Privacy Law Representation Letter

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally address my concerns regarding the privacy and confidentiality of my personal health information. As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) provides essential protections for patient privacy, and I would like to ensure my rights under this law are fully upheld.

It has come to my attention that [describe the situation or breach, if applicable]. This situation has raised significant concerns regarding the handling of my sensitive information, and I would appreciate your immediate attention to rectify this matter.

I request that you provide me with documentation outlining how my information is being protected and what measures are in place to prevent unauthorized access. Additionally, I would like to understand the procedures for addressing any potential breaches of my privacy.

Thank you for your prompt attention to this important matter. I look forward to your response.

Sincerely,

[Your Name]