

Notification of Pharmaceutical Record Sharing

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about the sharing of your pharmaceutical records as part of our commitment to providing you with the best possible care. Your records will be shared with [specific healthcare provider, pharmacy or organization] to ensure they have the necessary information to manage your treatment effectively.

This sharing of information is in compliance with all applicable privacy laws and regulations, and your data will be handled securely and confidentially.

If you have any questions or concerns regarding this process, please do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]