

# Healthcare Compliance Acknowledgement

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Dear [Patient's Name],

We are committed to providing you with safe and high-quality healthcare. As part of our dedication to compliance with healthcare regulations, we require acknowledgment of our compliance policies.

By signing below, you acknowledge that you have received and understand our compliance policies, including but not limited to:

- Patient Rights and Responsibilities
- Privacy and Confidentiality Policies
- Healthcare Fraud and Abuse Prevention
- Grievance and Complaint Procedures

If you have any questions or concerns regarding these policies, please do not hesitate to contact our office.

Thank you for your attention to this important matter.

Sincerely,

[Your Healthcare Provider's Name]

[Your Healthcare Provider's Title]

[Healthcare Facility Name]

\_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_