

Healthcare Data Privacy Consent Request

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are committed to protecting your personal healthcare information. As part of our compliance with healthcare data privacy regulations, we kindly request your consent to use and disclose your health information for the purposes outlined below:

- Providing you with healthcare services.
- Billing and reimbursement purposes.
- Quality assurance and improvement activities.
- Legal and regulatory compliance.

Please indicate your consent by signing below:

Signature of Patient

Date: _____

If you have any questions or require further information, please feel free to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]