

# Confidentiality Assurance Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are committed to ensuring the confidentiality and privacy of the participants involved in our medical research study titled "[Insert Study Title]." As a participant in our study, your personal information and health data will be handled with the utmost care and respect.

This letter serves to assure you that:

- Your participation in this study is completely voluntary.
- All information collected will be kept strictly confidential and will only be accessible to authorized personnel.
- Your data will be anonymized and reported in aggregate form to protect your identity.
- We will comply with all relevant laws and regulations governing the confidentiality of medical research data.

If you have any questions or concerns regarding this assurance of confidentiality, please feel free to contact us at [Insert Contact Information].

Thank you for your participation in our research.

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Institution Contact Information]