

# Confidentiality Assurance in Mental Health Intervention

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

Dear [Client's Name],

We want to assure you that your privacy and confidentiality are of the utmost importance during your mental health intervention. This letter outlines the measures we take to maintain your confidentiality.

1. All information shared during your sessions will be kept confidential and will not be disclosed to any third parties without your explicit consent, except where required by law.
2. Your records are securely stored and only accessible to authorized personnel involved in your care.
3. We use anonymization techniques when discussing cases for training or supervision purposes to further protect your identity.
4. You have the right to request access to your records and to understand how your information is used.

If you have any questions or concerns regarding your confidentiality, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]