Client Confidentiality Policy Execution

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Dear [Client Name],

We are committed to maintaining the confidentiality of your information in accordance with our Client Confidentiality Policy. This letter serves to confirm your understanding and acceptance of our policy regarding the confidentiality of your data.

As outlined in our policy, we ensure that:

- All client information is handled with the utmost care and protected against unauthorized access.
- Confidential information will only be shared with authorized personnel who require it for legitimate business purposes.
- We have implemented security measures to safeguard your information.

Please sign and return this letter to indicate your acceptance of our client confidentiality policy.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]

Client Signature: _____

Date: _____