

Patient Confidentiality Assurance

Date: [Insert Date]

To Whom It May Concern,

This letter is to assure you of our commitment to patient confidentiality in accordance with applicable laws and regulations. As a provider of emergency services, we understand the sensitive nature of the information we handle.

We have implemented strict protocols to ensure that all patient information is kept confidential and is only shared with authorized personnel as necessary for the provision of care.

Thank you for your understanding and trust in our services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]