

Patient Confidentiality Assurance

Date: [Insert Date]

Dear [Patient's Name],

We at [Mental Health Service Provider's Name] are committed to ensuring the privacy and confidentiality of your personal information. This letter serves to assure you of our policies regarding patient confidentiality.

Your health records, including any information related to your mental health treatment, are maintained securely and are protected by law. We adhere to all applicable regulations, including [Applicable Privacy Laws/Regulations].

Information about your treatment will only be shared with designated individuals or entities with your explicit consent, or if required by law. Our staff is trained to uphold confidentiality and we have strict measures in place to safeguard your data.

If you have any questions or concerns regarding our confidentiality practices, please do not hesitate to contact us.

Thank you for trusting us with your care.

Sincerely,

[Your Name]

[Your Title]

[Mental Health Service Provider's Name]

[Contact Information]