

Patient Confidentiality Assurance

Date: [Insert Date]

To Whom It May Concern,

We at [Clinic/Practice Name] are committed to maintaining the confidentiality and privacy of all our patients, including minors. This letter serves as a formal assurance that any medical information pertaining to your child, [Child's Name], will be kept strictly confidential.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws, we will not disclose any medical records, information, or discussions concerning your child without your consent, unless required by law.

If you have any questions regarding your child's privacy or our confidentiality policies, please do not hesitate to reach out to our office at [Contact Information].

Thank you for trusting us with your child's healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Practice Name]

[Contact Information]