

Patient Confidentiality Assurance

Date: [Insert Date]

Dear [Patient's Name],

Welcome to [Practice Name]! We are committed to providing you with the highest standard of care while ensuring the confidentiality and privacy of your health information.

Your personal and medical information will be kept secure and will only be shared with authorized personnel as required by law or with your explicit consent.

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

Thank you for choosing [Practice Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Contact Information]