

Patient Confidentiality Assurance

Date: [Insert Date]

Dear [Patient's Name],

We would like to take this opportunity to assure you that your privacy and confidentiality are of utmost importance to us. As a member of our patient support group, we are committed to maintaining the trust you place in us.

We adhere to strict confidentiality protocols, meaning that all personal information shared within the group will be kept private and secure. No information will be disclosed to anyone outside the group without your explicit consent.

We encourage open discussions and sharing experiences, and we assure you that what is shared in the group stays within the group. Our goal is to provide a safe and supportive environment for all members.

If you have any questions or concerns regarding our confidentiality policies, please feel free to reach out to us at [Contact Information].

Thank you for being a valued member of our community.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]