

# Patient Confidentiality Assurance

Date: [Insert Date]

To Whom It May Concern,

We are writing to inform you about our commitment to maintaining the confidentiality and security of your medical records as we share them among authorized parties for your continued care and treatment.

As a patient, you have the right to know that your health information is being protected. Our team follows all legal and ethical guidelines to ensure your medical records are only accessed by those directly involved in your care.

We assure you that:

- Your personal information will only be shared with your consent or if required by law.
- All staff members are trained in confidentiality policies and are bound by strict standards.
- We employ necessary security measures to protect your medical records from unauthorized access.

If you have any questions or concerns regarding the sharing of your medical records, please do not hesitate to contact us at [Insert Contact Information].

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Organization Contact Information]