

# Patient Confidentiality Assurance

Date: [Insert Date]

Dear [Patient's Name],

We value your privacy and are committed to safeguarding your personal health information during our telehealth services. This letter serves to assure you that:

- Your health information will be kept confidential and will only be accessed by authorized personnel.
- All communications during your telehealth appointments are conducted using secure and encrypted platforms.
- Your consent will be obtained before sharing any information with third parties.
- You have the right to request access to your medical records and to understand how your information is used.

If you have any questions or concerns regarding your confidentiality or our telehealth services, please do not hesitate to reach out.

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]