

Patient Privacy Policy Clarification

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

We hope this message finds you well. We are reaching out to clarify our Patient Privacy Policy and address any questions you may have regarding the handling of your personal health information.

At [Healthcare Provider's Name], we value your privacy and are committed to protecting your personal health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). This policy outlines how we collect, use, and safeguard your information.

Key Points of Our Privacy Policy:

- **Information We Collect:** We collect information necessary for your treatment and care.
- **Use of Information:** Your personal information may be used for treatment, payment, and healthcare operations.
- **Disclosure of Information:** We do not share your information without your consent, except as required by law.
- **Your Rights:** You have the right to access your information, request corrections, and understand our privacy practices.

If you have any questions or wish to discuss our privacy practices further, please feel free to contact us at [Contact Information]. We are here to assist you.

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Contact Information]