

Patient Confidentiality Commitment

Date: [Insert Date]

This letter serves as a commitment to uphold the principles of patient confidentiality as a medical professional at [Insert Medical Facility Name].

As a healthcare provider, I recognize the importance of maintaining the privacy and confidentiality of all patient information. I pledge to adhere to the following principles:

- All patient information will be treated with the utmost confidentiality.
- Patient records will only be accessed by authorized personnel.
- Information will not be shared without explicit consent from the patient.
- Measures will be taken to safeguard physical and electronic patient records.
- I will stay informed about the latest regulations regarding patient privacy.

By signing this commitment, I affirm my dedication to preserving the trust that patients place in us as their healthcare providers.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]