

Patient Confidentiality Policy

Date: [Insert Date]

To: [Insert Patient's Name]

Address: [Insert Patient's Address]

Dear [Insert Patient's Name],

We value your trust in us and are committed to ensuring your privacy and the confidentiality of your medical information. This letter serves to inform you about our Patient Confidentiality Policy.

Policy Overview

Our clinic follows strict guidelines to protect your personal health information, which includes:

- Keeping all medical records secure and accessible only to authorized personnel.
- Releasing patient information only with your consent or as required by law.
- Training our staff on privacy practices and the importance of maintaining confidentiality.

Your Rights

You have the right to:

- Access your medical records.
- Request corrections to your information.
- Receive a copy of our privacy policy.

If you have any questions or concerns regarding your privacy or our policy, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Clinic Name]. We are dedicated to providing you with the highest level of care while ensuring your privacy.

Sincerely,

[Insert Provider's Name]

[Insert Provider's Title]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]