## **Patient Confidentiality Reaffirmation**

Dear [Patient's Name],

Welcome back to [Practice/Clinic Name]! We are committed to protecting your privacy and ensuring your personal health information is kept confidential.

As you return for your visit, we want to reaffirm our dedication to maintaining the confidentiality of your medical records and any personal information you share with us. Our team adheres to stringent guidelines to safeguard your data and limit access to authorized personnel only.

If you have any questions or concerns regarding our confidentiality practices, please do not hesitate to reach out to our office. Your trust is of utmost importance to us, and we want to ensure that you feel secure in your care.

Thank you for choosing [Practice/Clinic Name]. We look forward to continuing to serve you.

Sincerely,
[Your Name]
[Your Position]
[Practice/Clinic Name]
[Contact Information]